Rowan Non-Discrimination Policy
Complaint Form

Name: _____ **Job Title:** _____

Division/Department: _____ **Extension #**_____

Home Address: _____

Phone: _____**Email:**_____

Name of person(s) your complaint is against: _____

Person's Title and Department: _____

Date and time of incident: _____

Briefly describe what happened (add additional pages if necessary):

Basis of Discrimination: (choose all that apply)

- ☐ Age
- ☐ Affectional/Sexual Orientation
- ☐ Ancestry
- ☐ Atypical Hereditary Cellular or Blood Trait
- ☐ Color
- ☐ Creed ☐ Disability
- ☐ Domestic Partnership Status
- ☐ Familial Status
- ☐ Gender Identity or Expression
- ☐ Genetic Information (including refusal to submit to or provide results of a genetic test)
- ☐ Liability for Military Service
- ☐ Marital /Civil Union Status
- ☐ Nationality
- ☐ National Origin/Ethnicity
- ☐ Race
- ☐ Religion
- ☐ Sex/Gender (including pregnancy)
- ☐ Sexual Harassment
- ☐ Retaliation (for having filed a discrimination complaint, participating in a complaint investigation, or for opposing a discriminatory practice)

I certify that the above statement is given in good faith and is true and accurate to the best of my knowledge and belief.

_____ _____

Signature Date **Date**