

FAIR PRACTICES COMPLAINT INTAKE FORM

This complaint form is to be utilized for reporting conduct that is believed to be in violation of Salisbury University's Fair Practices policies.

<p>1. COMPLAINANT – Person who alleges the violation of Fair Practices policies:</p> <p>Last Name <input style="width: 90%;" type="text"/></p> <p>First Name <input style="width: 90%;" type="text"/></p> <p>Primary Role <input type="checkbox"/> Faculty <input type="checkbox"/> Student <input type="checkbox"/> Third Party on Campus: <input type="checkbox"/> Staff <input type="checkbox"/> Other, please state: <input style="width: 150px;" type="text"/></p> <p>Position / Title <input style="width: 90%;" type="text"/></p> <p>School / Dept. <input style="width: 90%;" type="text"/></p> <p>Home Address <input style="width: 90%;" type="text"/></p> <p>City <input style="width: 100px;" type="text"/> State <input style="width: 50px;" type="text"/> Zip Code <input style="width: 100px;" type="text"/></p> <p>Phone Number <input style="width: 90%;" type="text"/></p> <p>Email <input style="width: 90%;" type="text"/></p>	<p>RESPONDENT – Person you believe to be responsible for the alleged violation of Fair Practices policies:</p> <p>Last Name <input style="width: 90%;" type="text"/></p> <p>First Name <input style="width: 90%;" type="text"/></p> <p>Primary Role <input type="checkbox"/> Faculty <input type="checkbox"/> Student <input type="checkbox"/> Third Party on Campus: <input type="checkbox"/> Staff <input type="checkbox"/> Other, please state: <input style="width: 150px;" type="text"/></p> <p>Position / Title <input style="width: 90%;" type="text"/></p> <p>School / Dept. <input style="width: 90%;" type="text"/></p> <p>Home Address <input style="width: 90%;" type="text"/></p> <p>City <input style="width: 100px;" type="text"/> State <input style="width: 50px;" type="text"/> Zip Code <input style="width: 100px;" type="text"/></p> <p>Phone Number <input style="width: 90%;" type="text"/></p> <p>Email <input style="width: 90%;" type="text"/></p>
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2. BASIS OF YOUR COMPLAINT: What is the reason for your claim of discrimination? (Please check all applicable items.)

<input type="checkbox"/> Age	<input type="checkbox"/> Ancestry	<input type="checkbox"/> Color	<input type="checkbox"/> Disability	<input type="checkbox"/> Gender Expression
<input type="checkbox"/> Gender Identity	<input type="checkbox"/> Genetic Information	<input type="checkbox"/> Harassment	<input type="checkbox"/> Marital Status	<input type="checkbox"/> National Origin
<input type="checkbox"/> Political Affiliation	<input type="checkbox"/> Pregnancy	<input type="checkbox"/> Race/Ethnicity	<input type="checkbox"/> Religion	<input type="checkbox"/> Reprisal/Retaliation
<input type="checkbox"/> Sex	<input type="checkbox"/> Sexual Harassment	<input type="checkbox"/> Sexual Misconduct	<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> Title IX
<input type="checkbox"/> Veteran Status	<input type="checkbox"/> Other, please state: <input style="width: 150px;" type="text"/>			

If you checked color, religion or national origin, please specify:

If you checked genetic information, how did the Respondent obtain the genetic information:

What type of genetic information is involved: genetic testing family medical history genetic services

3. ADVERSE ACTION AGAINST YOU: Indicate action(s) you believe the Respondent(s) took or failed to take because of age, ancestry, color, disability, gender expression/identity, genetic information, marital status, national origin, political affiliation, pregnancy, race/ethnicity, religion, sex, sexual harassment/misconduct/orientation, Title IX, veteran status, or other protected category. (Please check all applicable items.)

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|--|---|--|---|
| <input type="checkbox"/> Academic Grievance | <input type="checkbox"/> Access to Program/Activity | <input type="checkbox"/> Accommodation to Disability | <input type="checkbox"/> Award |
| <input type="checkbox"/> Bullying | <input type="checkbox"/> Demotion | <input type="checkbox"/> Evaluation | <input type="checkbox"/> Exclusion from Program /Activity |
| <input type="checkbox"/> Grade Assignment | <input type="checkbox"/> Harassment | <input type="checkbox"/> Hazing | <input type="checkbox"/> Hiring |
| <input type="checkbox"/> Intimidation | <input type="checkbox"/> Job Assignment | <input type="checkbox"/> Job Benefits | <input type="checkbox"/> Layoff |
| <input type="checkbox"/> Pregnancy Leave | <input type="checkbox"/> Promotion | <input type="checkbox"/> Recall | <input type="checkbox"/> Religious Observance |
| <input type="checkbox"/> Segregated Facilities | <input type="checkbox"/> Seniority | <input type="checkbox"/> Suspension | <input type="checkbox"/> Termination |
| <input type="checkbox"/> Testing | <input type="checkbox"/> Training | <input type="checkbox"/> Wages | <input type="checkbox"/> Working Conditions |
| <input type="checkbox"/> Other, please state: | | | |

4. INFORMATION ABOUT THE INCIDENT(S): Provide general information about your allegations.

Date conduct occurred: (Please provide the date of the last alleged act of discrimination.)

Number of Incidents: Name of Supervisor or Manager aware of your allegations:

Witness 1 : Name Title/Role/Department:

Witness 2: Name Title/Role/Department:

Witness 3 : Name Title/Role/Department:

Witness 4: Name Title/Role/Department:

Witness 5 : Name Title/Role/Department:

5. NATURE OF THE COMPLAINT: Explain as briefly and clearly as you can what happened and how you believe you were discriminated/retaliated against. Please be sure to include the following, at a minimum:

- Why you believe you were discriminated/retaliated against;
- What harm, if any, was caused to you or others as a result of the alleged discriminatory act(s);
- Dates, places, names and titles or persons involved and witnesses, if any;
- How you believe other persons were treated differently from you;
- What explanation, if any, was offered for the act(s) by the Respondent(s);
- Attach any written documentation pertaining to this matter.

If this complaint is based on disability, please describe the disability, your history of disability, or why you think you were/are regarded as disabled.

I believe that I have been subjected to a discriminatory practice because (if necessary, attach additional sheets):

6. RELIEF SOUGHT: What remedy(ies) do you seek to resolve this complaint to your satisfaction? (i.e., stop inappropriate behavior reinstatement of job or status in academic program, removal of discipline, change or removal of academic record or grade, etc.)

7. SIGNATURE AND VERIFICATION: I affirm that, to the best of my knowledge or belief, the information contain herein is true and factual. Additionally, I understand that the effective date of filing this complaint is the date this form is physically received by the Fair Practices Office. I further understand that any person who knowingly provides frivolous, false or fraudulent information in a Fair Practices complaint may be subject to discipline. If applicable, I hereby authorize the release of any medical information needed for the investigation.

Signature of Complainant:

Date:

FAIR PRACTICES OFFICE USE ONLY:

Received by:

Signature:

Received date:

Respondent(s) notification date:

Investigative Report/Decision date:

Was Report/Decision Appealed? Yes No

Appeal date:

Final Decision Date:

Complaint Filed with External Agency? Yes No

Agency's Name:

Date:

List all attachments received with form: