

Discrimination / Harassment Formal Complaint Form

Michigan State University
Office of Institutional Equity

To file a complaint, complete and return to Office of Institutional Equity, 4 Olds Hall, East Lansing, MI 48824
For more information, call (517) 353-3922

Complainant's Last Name: _____ First Name: _____

Complainant's Date of Birth: _____ College / Unit: _____

Department: _____ MSU Organization: _____

Email: _____ Campus Phone: () _____

Home/Cell Phone: _____ Preferred method of communication: email phone

Act or Practice: Discrimination _____ Harassment _____ Retaliation _____

Nature of discrimination/harassment:

_____ Age	_____ Marital status	_____ Sexual orientation
_____ Color	_____ National origin	_____ Veteran status
_____ Disability status	_____ Political persuasion	_____ Height
_____ Gender	_____ Race	_____ Weight
_____ Gender identity	_____ Religion	

Affiliation:

_____ Faculty	_____ RSO	_____ Student - Undergraduate
_____ Staff	_____ Student governing body	_____ Student - Graduate
_____ Student Employee	_____ Other: _____	

Referred By: _____

Date of act of alleged discrimination or harassment _____

*If ongoing, indicate date range & most recent date of occurrence. **NOTE: Complaint must be filed within 180 days of the alleged incident(s).**

Name of Respondent(s) _____

Respondent(s) Department/Unit _____

Describe specific act(s) alleged with date(s), time(s), & location(s) if possible, (use additional sheets if necessary):

I understand that I may use the informal resolution process to resolve this matter either with or without assistance of a University advisor. I understand that I may have rights to relief under the state and federal laws, and that filing a formal complaint does not necessarily enlarge the time within which I must file a complaint with the agencies or courts that enforce those laws. I understand that if I am a member of a collective bargaining unit, I may have rights to grieve the actions of the respondent, and that filing this complaint does not substitute for that process or enlarge the time available under that process or any other grievance process available to me at Michigan State University. I agree to cooperate within reason with any investigation conducted by the university into this matter.

Signature _____ Date _____

To be considered, this form must be returned to:

Office of Institutional Equity
4 Olds Hall, East Lansing, MI 48824 | Voice/TTY: 517-353-3922 | Email: oie@msu.edu
oie.msu.edu

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UNIVERSITY