



### Complaint Form

You may file a complaint of discrimination, harassment, sexual violence, or retaliation by using this form or by contacting the Equal Opportunity Director (phone: 785-670-1509 or email: [eodirector@washburn.edu](mailto:eodirector@washburn.edu)). If you decide to use this form, please type or print all information. You may attach additional pages or documents as necessary to provide a complete account of your complaint if more space is needed.

The Equal Opportunity Director/Title IX Coordinator will review the information you have provided and contact you to schedule a meeting. The purpose of the meeting will be to explain the Equal Educational and Employment Opportunity Policy (<http://www.washburn.edu/statements-disclosures/harassment/discrimination-harassment-complaint-procedures.html#>) including confidentiality, the prohibition against retaliation, and supportive services that are available for you to access.

1. Name of person filing this complaint:

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Middle Initial:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Telephone:** \_\_\_\_\_ **Campus Telephone:** \_\_\_\_\_

**e-mail Address:** \_\_\_\_\_

2. Name of person discriminated against (if **other** than the person filing).

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Middle Initial:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Telephone:** \_\_\_\_\_ **Campus Telephone:** \_\_\_\_\_

**e-mail Address:** \_\_\_\_\_

3. Please identify the individual that engaged in the alleged discrimination, harassment, sexual violence, or retaliation.

4. Washburn University and Washburn Institute of Technology prohibit discrimination and harassment on the basis of race, color, religion, age, national origin, ancestry, disability, sex, sexual orientation, gender identity, genetic information, or marital or parental status. Please indicate the basis of your complaint:

Discrimination based on race (Specify)

Discrimination based on color (Specify)

Discrimination based on religion (Specify)

Discrimination based on age (Specify)

Discrimination based on national origin (Specify)

Discrimination based on ancestry (Specify)

Discrimination based on disability (Specify)

Discrimination based on sex (Specify)

Discrimination based on sexual orientation (Specify)

Discrimination based on gender identity (Specify)

Discrimination based on genetic information (Specify)

Discrimination based on marital status (Specify)

Discrimination based on parental status (Specify)

5. Please describe each alleged discriminatory act. For each action include the date(s) the discriminatory act occurred, the name(s) of each person(s) involved and, why you believe the discrimination was because of race, disability, age, sex, etc. Please provide the names of any person(s) who was present and witnessed the act(s) of discrimination, harassment, sexual violence, or retaliation. Explain in detail what happened and attach any additional documents.

6. What is the most recent date you experienced discrimination, harassment, sexual violence, or retaliation?

**Date:** \_\_\_\_\_

7. What would you like to have Washburn University or Washburn Institute of Technology do as a result of your complaint—what remedy are you seeking?

8. List of witnesses:

Please provide a list of persons who can give testimony or evidence relating to your complaint. Do not list “character witnesses”. List only those individuals with actual knowledge of facts relevant to your complaint.

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Telephone:** \_\_\_\_\_ **Campus Telephone:** \_\_\_\_\_

**e-mail Address:** \_\_\_\_\_

**Testimony or evidence this witness can provide relating to your complaint:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Telephone:** \_\_\_\_\_ **Campus Telephone:** \_\_\_\_\_

**e-mail Address:** \_\_\_\_\_

**Testimony or evidence this witness can provide relating to your complaint:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Telephone:** \_\_\_\_\_ **Campus Telephone:** \_\_\_\_\_

**e-mail Address:** \_\_\_\_\_

**Testimony or evidence this witness can provide relating to your complaint:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Telephone:** \_\_\_\_\_ **Campus Telephone:** \_\_\_\_\_

**e-mail Address:** \_\_\_\_\_

**Testimony or evidence this witness can provide relating to your complaint:**

If you have additional witnesses, attach additional pages with the witness information included.

9. Please sign and date your complaint below:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of person completing form

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of person in Item 2