

EEO Discrimination/Harassment Complaint Form

Office of Equal Opportunity, Policy Development & Title IX
Tod Hall-Room 312 • Telephone: 330-941-4629



Name of person completing this form: _____ YSU ID Number: _____

Address: _____

Email Address: _____ Alternative Email Address (if applicable): _____

Phone: _____ Campus Extension (if applicable): _____

I am a (check one): Student Staff Member Faculty Member Other

Who do you allege discriminated against or harassed you? Provide all information known to you.

My complaint is against a: Student Staff Member Faculty Member Other

Name: _____ Department/Office/Business: _____

Address _____

Email Address (if known): _____ Alternative Email Address (if applicable): _____

Phone (if known): _____ Campus Extension (if applicable): _____

My complaint is about: Discrimination Harassment Sexual Misconduct Other

The conduct I am complaining about is based on:

Race/Color Age Disability National Origin Religion Veteran Retaliation

Sex Sexual Orientation Gender Identity Gender Expression Genetics

Other (please specify): _____

Brief summary of complaint: _____

What action, if any, has been taken to address this concern/situation to date?

Do you have any suggested action(s) to be taken, or a desired resolution?

Have you filed a complaint with any other Department or Agency? If yes, with whom? _____

Signature of Person Making Complaint

Print Name

Today's Date

If you need additional space please use the back of this form or additional sheets

Please submit this form, along with any accompanying documentation, (if applicable), to:

Office of Equal Opportunity, Policy Development & Title IX

Tod Hall-Room 312 • Telephone: 330-941-4629