

# Formal complaint form against Discrimination

## Formal complaint form against Discrimination

(To be filed within ninety (90) days of the alleged occurrence)

1. Name of Complainant:
2. Department:
3. Today's Date:
4. Name of person (s) accused of the alleged occurrence:
5. Department:
6. Date of alleged occurrence (Write the day, date, time and location):
7. Name of Person(s) who witnessed alleged occurrence:
8. Please write a detailed description of the occurrence:
9. What remedy are you seeking?

