



Harassment/Discrimination Complaint Form

1. Name: _____
2. Status: Student __ Staff __ Faculty __ Other (Specify) _____
3. If employee, administrative unit and title: _____
4. Address: _____
5. Phone: _____
6. Email: _____
7. Your relationship to the individual engaging in alleged harassment: Supervisor__ Co-worker__
Professor/Instructor____ Advisor____ Student __ Classmate__ Other (specify) _____
8. Please describe the specific act(s) alleged. If additional space is needed, you may write on the reverse side of this form or attach a separate sheet.

9. Location of alleged incident: _____

10. Date(s) and approximate time(s): _____

11. Describe the effect the alleged harassment had on you: _____

12. Are there others who have witnessed this behavior or others who experienced similar behavior by the individual named above? If so, provide their name(s), indicate if witness or individual with similar experience, their address(s) and their phone number(s).

13. Did you tell anyone about your experience after the alleged incident? If so, please provide the name(s) and telephone number(s) of whomever you spoke to.

14. Did you take any action(s) in an attempt to stop the harassment? _____

15. Have you filed this report with any other agency or an attorney? Yes ___ No ___

If yes, with whom?

Do you have any suggestion for proposed action to address or resolve the harassment?

16. Do you have any additional information and comments?

Signature of person making report: _____

Date: _____

Please return this form to:

Dean of Enrollment Services, 2 Boylston Street, 2nd Floor, Boston, MA 02116