



## 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.  
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\_\_\_\_\_
9. Location of alleged incident: \_\_\_\_\_  
\_\_\_\_\_
10. Date(s) and approximate time(s): \_\_\_\_\_

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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?

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Signature of person making report: \_\_\_\_\_

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

Please return this form to:

*Dean of Enrollment Services, 7<sup>th</sup> floor, 178 Tremont Street, Boston, MA 02111*