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): ________________________________________

___________________________________________________________________________________________
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, 7th floor, 178 Tremont Street, Boston, MA 02111