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:

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