

**Staff Discrimination Complaint Form**

Instructions: This form may be used by any University staff member to report allegations of discrimination to a designated official. Attach additional pages if necessary. Use of this form is not mandatory but is encouraged.

**Your information:**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Person you allege violated PPM Section 380-15:**

Name \_\_\_\_\_

Department (if known) \_\_\_\_\_

Academic appointee       Staff       Student       Other \_\_\_\_\_

Describe, in detail, the actions or behavior that led you to file this complaint. Include the following information:

1. Specific actions
2. Dates of actions
3. How you were adversely affected by these actions
4. Desired remedy (desired remedy may be considered but is not determinative)

Have you filed another complaint about these actions under any other complaint procedure (e.g., APM 015, PPSM 70, collective bargaining agreement)?       Yes       No

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Designated official:**

Date received \_\_\_\_\_ Date forwarded to ERDC \_\_\_\_\_ Signature \_\_\_\_\_