



Human Resources
 282 Champions Way
 PO Box 3062410
 Tallahassee, FL 32306-2410
 Phone: 850-645-6519
 Fax: 850-645-9504

HR Use Only: Received: _____
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Discrimination/Harassment, Sexual Misconduct, and/or Retaliation Complaint Form

Form Instructions:

- This complaint form is for use in conjunction with the University’s [Equal Opportunity, Non-Discrimination, and Non-Retaliation Policy](#), [Anti-Sexual Misconduct Policy](#) and/or [Title IX Compliance Policy](#). Please review the applicable policy.
- Complete this form in its entirety, sign and date the final page, and return the form in person, by email, mail, or via fax to the Office of Human Resources.
- Attach additional pages, as needed, for questions 4 through 10 and any supporting documents.
- If you have any questions call (850) 645-6519

1. Complainant Information

Name _____
 Phone # _____ Email Address _____
 Title/Position _____ Department _____
 Student Classification _____ Major _____
 Campus Location: ___ Tallahassee ___ Panama City Campus ___ Ringling/Asolo ___ Other: _____
 ___ Check if filing on behalf of someone else. Name: _____

2. Affiliation with FSU:

___ Faculty ___ A&P ___ USPS ___ OPS ___ Student
 ___ Applicant ___ Vendor ___ Visitor ___ Other: _____

3. What is the basis of this complaint? Check applicable box(es)

Discrimination/Harassment:

- ___ Race
- ___ Creed
- ___ Color
- ___ Religion
- ___ National Origin
- ___ Age
- ___ Disability
- ___ Veterans’ Status
- ___ Marital Status
- ___ Sex/Gender (including pregnancy)
- ___ Gender Identity
- ___ Gender Expression
- ___ Sexual Orientation
- ___ Other Discrimination: _____

Sexual Misconduct/Harassment (including Title IX):

- ___ Quid Pro Quo¹
- ___ Hostile Environment
- ___ Sexual Assault
- ___ Dating/Domestic Violence
- ___ Sexual Exploitation
- ___ Stalking

Retaliation:

- ___ Threat of Action
- ___ Adverse Employment/Academic Action
- ___ Hostile Environment

¹ (A favor/advantage granted/expected, by a person of authority, in exchange/return for a relationship/sexual acts.)

4. Respondent Information (person(s) responsible for the alleged action)

Name	Affiliation with FSU	Department	Email Address	Phone Number

5. Witness Information (person(s) who have knowledge or information of the alleged action(s))

Name	Affiliation with FSU	Email Address	Phone Number

6. Date(s) the alleged action(s) occurred:

7. Describe the event(s) surrounding the alleged discrimination/harassment, sexual misconduct, and/or retaliation.

8. Describe the impact of the alleged discrimination/harassment, sexual misconduct, and/or retaliation.

9. Have you previously reported the action(s) you believe to be discrimination/harassment, sexual misconduct, and/or retaliation? If so, identify the Agency, office, and/or individual(s), the date(s), and describe the outcome.

10. What remedy or resolution are you seeking?

By signing this complaint form I affirm that, to the best of my knowledge, the information contained herein is true and factual while also establishing consent and release of the above information for the purposes of an investigation. I understand that the completion of this form or the filing of a discrimination, harassment, and/or retaliation complaint does not extend the time for filing a complaint with an outside agency, or in a court of law. Additionally, I understand that the effective date of filing this complaint is the date this form is physically received in the Human Resources Office. I further understand if I knowingly provide false or fraudulent information in a complaint I may be subject to corrective/disciplinary action.

Complainant's Signature

Date

*****Please submit any relevant evidence (emails, texts, pictures, etc.) with this form.**

Note: Upon receipt of this formal complaint form, the Complainant will be contacted to schedule an Information Session - Intake Interview.

Return Form To:

Florida State University - Human Resources/ Attn- Michelle Douglas

Address: 6200 University Center A
Tallahassee, FL 32306-2410

Fax Number: (850) 645-9504

Email Address:
mbdouglas@fsu.edu