



**Human Resources**  
 282 Champions Way  
 PO Box 3062410  
 Tallahassee, FL 32306-2410  
 Phone: 850-644-6034  
 Fax: 850-645-4670

<b>EOC Use Only:</b> Received: _____
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## Discrimination, Harassment, and/or Retaliation Complaint Form

**Form Instructions:**

- Review the [Equal Opportunity, Non-Discrimination, and Non-Retaliation Policy](#) and/or [Sexual Misconduct Policy](#).
- Attach additional pages if necessary for questions 4 through 10 and any supporting documents.
- Complete this form in its entirety, sign and date the final page, and return the form in person, by mail, or via fax to the Office of Equal Opportunity and Compliance within the Office of Human Resources.
- If you have any questions call (850) 645-6519.

**1. Complainant Information**

Name (Last, First) \_\_\_\_\_  
 Phone # \_\_\_\_\_ Email Address \_\_\_\_\_  
 Title/Position \_\_\_\_\_ Department \_\_\_\_\_  
 Student Classification \_\_\_\_\_ Major \_\_\_\_\_

\_\_\_\_\_ Check if filing on behalf of someone else. Name: \_\_\_\_\_

**2. Affiliation with FSU:**

\_\_\_\_\_ Faculty      \_\_\_\_\_ A&P      \_\_\_\_\_ USPS      \_\_\_\_\_ OPS  
 \_\_\_\_\_ Student      \_\_\_\_\_ Applicant      \_\_\_\_\_ Vendor      \_\_\_\_\_ Visitor

**3. What is the basis of this discrimination complaint?** *Check appropriate box(es) & specify if needed.*

_____ Age _____	_____ Sex _____
_____ Race/Color _____	_____ Sexual Misconduct _____
_____ National Origin _____	_____ Sexual Orientation _____
_____ Disability _____	_____ Gender Expression _____
_____ Marital Status _____	_____ Gender Identity _____
_____ Veterans' Status _____	_____ Retaliation _____
_____ Religion/Creed _____	_____ Other _____

**4. Person(s) responsible for the alleged action?** *List name(s) of individual(s).*

Name	Title/Position	Department	Phone Number

**5. Person(s) who have knowledge or information of the alleged action(s)?** *List name(s) of witness(es).*

Name	Title/Position	Department	Phone Number

**6. To the best of your recollection, on what date(s) did the alleged action(s) take place?**

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

**8. Describe the event(s), impact, and outcome surrounding the alleged action(s).**

9. If you believe that you were retaliated against for filing or participating in a prior discrimination or harassment complaint, investigation of a complaint, or some other protected activity, please explain the circumstances below.

10. What remedy or resolution are you seeking? *Describe your desired outcome.*

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 Office of Equal Opportunity and Compliance. I further understand if I knowingly provide false or fraudulent information in a complaint I may be subject to disciplinary action.

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Complainant's Signature

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Date

Return Form To:  
Florida State University  
Office of Equal Opportunity & Compliance  
6200 University Center A  
Tallahassee, FL 32306-2410

Telephone: (850) 645-6519  
Fax Number: (850) 645-9504  
Email Address: EOC@fsu.edu