



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

EDI Use Only: Received: _____

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 Equal Opportunity Compliance and Engagement Office (EOCE) in Human Resources.
- If you have any questions call (850) 645-6519.
- **Attach additional pages, as needed, for questions 4 through 10 and any supporting documents.**

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/Failure to Report: _____

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.)

Attach additional pages, as needed, for questions 4 through 7 and any supporting documentation.

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.

Attach additional pages, as needed, for questions 8 through 10 and any supporting documentation.

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 EOCE 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 - Equal Opportunity Compliance and Engagement Office

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

Fax Number: (850) 645-9504

Email Address: EDI@fsu.edu