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 ____________________________ Email Address ____________________________

Phone #___________________________ Title/Position ____________________________

Student Classification________________ Department ____________________________

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 Quo

_____ 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)

<table>
<thead>
<tr>
<th>Name</th>
<th>Affiliation with FSU</th>
<th>Department</th>
<th>Email Address</th>
<th>Phone Number</th>
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5. **Witness Information** (person(s) who have knowledge or information of the alleged action(s))

<table>
<thead>
<tr>
<th>Name</th>
<th>Affiliation with FSU</th>
<th>Email Address</th>
<th>Phone Number</th>
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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

Revised 7/2023