



**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 Equity, Diversity & Inclusion Office (EDI) within the Office of 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 Quo<sup>1</sup>  
\_\_\_ Hostile Environment  
\_\_\_ Sexual Assault  
\_\_\_ Dating/Domestic Violence  
\_\_\_ Sexual Exploitation  
\_\_\_ Stalking

#### Retaliation:

\_\_\_ Threat of Action  
\_\_\_ Adverse Employment/Academic Action  
\_\_\_ Hostile Environment

<sup>1</sup> (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:**

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**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 Equity, Diversity & Inclusion 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 - Equity, Diversity & Inclusion Office

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

Fax Number: (850) 645-9504

Email Address: [EDI@fsu.edu](mailto:EDI@fsu.edu)