



OFFICE OF
**EQUAL OPPORTUNITY
AND ACCESS**
Illinois State University

ADMINISTRATIVE COMPLAINT FORM

CONTACT INFORMATION:

Name (Please Print)

Student / Faculty / Staff

Address

City

State

ZIP Code

Telephone Number

Email

Alternate Telephone Number

I BELIEVE I HAVE BEEN HARASSED OR DISCRIMINATED AGAINST ON THE BASIS OF: (check all that apply)

- | | | |
|------------------------------------------|------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Race | <input type="checkbox"/> Disability | <input type="checkbox"/> Unfavorable Military Discharge |
| <input type="checkbox"/> Color | <input type="checkbox"/> Sex (including Sexual Harassment) | <input type="checkbox"/> Order of Protection |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Genetic Information |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Gender Identity/Expression | |
| <input type="checkbox"/> Ancestry | <input type="checkbox"/> Marital Status | |
| <input type="checkbox"/> Age | <input type="checkbox"/> Veterans' Status | |

Retaliation

For the purposes of this process, retaliation is defined as retaliatory conduct against an individual who has opposed that which he/she believes to be unlawful discrimination, sexual harassment in employment/education or because he/she has filed a complaint, assisted or participated in an investigation, proceeding or hearing concerning an unlawful employment practice.



