Appendix A

EQUAL OPPORTUNITY COMPLAINT FORM

Please complete the following form. If you have supporting evidence, you may include it with this Complaint. You will have additional opportunities to provide evidence should an investigation move forward.

Name: _____

Email address: _____

Telephone: _____

Do you wish to be contacted via email or telephone or some other method?

_____

I am filing this report (check all applicable boxes):

□ On my own behalf

□ On someone else's behalf

I am reporting (check all applicable boxes):

□ Race
□ Color
□ National Origin
□ Religion
□ Ancestry
□ Age
□ Disability
□ Work Authorization Status
□ Political Affiliation Status
□ Sex (including Sexual Harassment)
□ Sexual Orientation
□ Gender Identity/Expression
□ Marital Status
□ Veterans' Status
□ Unfavorable Military Discharge
□ Order of Protection
□ Genetic Information
□ Transgender Status
□ Retaliation*

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

Date of event(s): _____

Location of event(s): _____

Complainant (*person who experienced discrimination*) is a (check all applicable boxes):

□ Student □ Admin. Staff □ Faculty

□ Other (please describe): _____

Respondent (person who committed discrimination) is a (check all applicable boxes):

□ Student □ Admin. Staff □ Faculty

□ Other (please describe): _____

Describe in as much detail as possible the event(s) that occurred. Please include the name(s) of all parties involved and the name(s) of any witnesses or individuals who may have knowledge of the event(s). Add additional sheets as needed. Be sure to review the next page and submit it with your signature and date.

I, the undersigned, do hereby authorize the designated Northeastern Illinois University official to conduct inquiries or investigation procedures with respect to the investigation/resolution of this Complaint. I understand that information regarding my Complaint may be shared with applicable University officials in order to acquire sufficient information with respect to the investigation, as well as, any follow-up that may be required in relation to the University's response to my Complaint.

I also authorize the University to use whatever information may be obtained with respect to this Complaint in any legal or formal grievance proceedings that may involve the issues contained herein, with one key exception. ***The University may not use records made or maintained by medical or mental health professionals without my voluntary, written consent.***

I affirm that this Complaint is true to the best of my knowledge, information, and belief.

_____ _____

Signature Date

Please return the original, signed Complaint to Northeastern Illinois University, Office of Human Resources, 5555 N. Bernard St., Chicago, IL 60659 or via email at eeo@neiu.edu.