



Policy Name:	Discrimination and Harassment Report Form
Policy Number:	2.001a
Effective Date:	August 14, 2020
Date of Last Revision:	August 14, 2020
Functional Area:	Student Services

**Discrimination and Harassment Report Form**

*Please exercise care in completing this form. Take the time to print or write clearly.*

Student Name: \_\_\_\_\_ Student's BANNER ID: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Date of the Alleged Grievance: \_\_\_\_\_

Location of the Occurrence: \_\_\_\_\_

Time of the Occurrence: \_\_\_\_\_ Duration of the Occurrence \_\_\_\_\_

**Instructions:** Be specific. Describe clearly the incident. (If necessary, seek assistance from a person of your choice in preparing this form.) Please attach to this form any written and signed statements or other evidence which support your description of the occurrence.

**Describe the Occurrence**

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**What remedy/solution are you seeking?**

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**Please list all attachments that you are including with this form:**

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**Is there any other information that would assist in the course of this investigation?**

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**Signature**

**Date**

