

**FORMAL COMPLAINT FORM**  
**FOR**  
**WILBERFORCE UNIVERSITY**

**Instructions:**

Wilberforce University is committed to providing an educational and working environment that is free from discrimination. By being as specific as possible when discussing incidents of harassment, discrimination or retaliation, you will assist the investigators in the fact-gathering process. Be sure to include the date(s) the incident(s) occurred, the name(s) of the person(s) involved and the name(s) of those who may have witnessed the incident. Your complaint is not limited to the space provided. You are encouraged to attach additional materials, which may assist in the investigation process. Please note that information provided on this or any other form is not considered an official complaint unless it is signed by you and dated. All complaints must be sign and dated, including those filed by e-mail.

Upon receipt of your complaint, the University will review it. If it is determined that your complaint is complete, timely and raises covered issues, an investigation will be initiated and, unless your complaint is about a student, you will be informed of the outcome of the investigation.

To investigate your complaint, it will be necessary to interview you, the alleged offender(s), and any witnesses with knowledge of the allegations or defenses. The University will notify all persons involved in the investigation that it is confidential and that unauthorized disclosures of information concerning the investigation could result in disciplinary action. It is the expectation of the University that those who file a complaint will remain active and cooperative in the investigation process. Submit Discrimination Complaints by mail or in person to:

Director of Human Resources  
**Wilberforce University**  
**1055 N. Bickett Road**  
**Wilberforce, Ohio 45384-1001**

**Please Complete and sign below:**

**Name:** \_\_\_\_\_

*First*

*Middle*

*Last*

**Address:** \_\_\_\_\_

*Street or P. O. Box*

*City*

*State*

*Zip*

**Phone:** *Day* \_\_\_\_\_

*Evening* \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**WU Department:** \_\_\_\_\_

**WU EID:** \_\_\_\_\_

**I Am A:**

WU Student

WU Employee

Other

\_\_\_\_\_



\_\_\_\_\_ Name

Describe why you believe the incident you described was related to your race, sex, or whatever basis you indicated above, or why you believe you were retaliated against:

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List and describe all documents, e-mails, records, materials and other evidence pertaining to your complaint:

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List and identify all witnesses to the incident(s) or persons who have personal knowledge of information pertaining to your complaint:

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Have you previously reported or otherwise complained about this or related acts of harassment, discrimination or retaliation to a University supervisor or official? If so, please identify the individual to whom you made the report, the date you made the report and the resolution.

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Please submit any additional information pertaining to the alleged discrimination:

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Describe the injury or harm you suffered because of the alleged discrimination:

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\_\_\_\_\_  
Name

**What would you like the University to do as a result of your complaint -- what remedy are you seeking:**

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**If an advisor will assist you in the complaint process, indicate the individual's name, title, address and telephone number:**

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**Complaint Acknowledgment:**

I certify that to the best of my knowledge the information that I have provided is accurate and the events and circumstances are as I have described them.

I understand and acknowledge that a copy of this complaint, with the names of the complaint and witnesses remove will be furnished to the alleged offender ("respondent"). I have attached to this complaint any supportive evidence and/or documentation such as e-mails, records, materials which I believe supports my allegation. I also understand and consent to the disclosure of information contained in this complaint to appropriate administrators and witnesses interviewed for the purpose of investigating this complaint. I understand that I will have to provide contact information of witnesses identified in this complaint. I am willing to cooperate fully in the investigation and provide whatever evidence the University deems relevant.

I understand that the nature of this complaint, correspondence, and all discussions conducted in the course of investigation of the information contained in this complaint are confidential to the extent permitted by law and unauthorized disclosures of information concerning the investigation could result in disciplinary action. I agree to abide by these guidelines.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please note: If you indicate you will be assisted by an advisor, your signature below authorizes the named individual to receive copies of relevant student records and correspondence regarding the complaint and to accompany you to any meetings.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_