



# FORMAL INCIDENT/COMPLAINT FORM

## COMPLAINANT INFORMATION:

EMPLOYEE/STUDENT ID #

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

DEPT/DIV: \_\_\_\_\_ TITLE: \_\_\_\_\_

PHONE #: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

FACULTY       STAFF       STUDENT       OTHER \_\_\_\_\_

## TYPE AND BASIS OF INCIDENT/COMPLAINT (CHECK ALL BOXES THAT APPLY)

IS COMPLAINT AGAINST A  STUDENT    STAFF MEMBER    FACULTY MEMBER    OTHER \_\_\_\_\_

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> BULLYING                       | <input type="checkbox"/> AGE DISCRIMINATION                | <input type="checkbox"/> COURSE SCHEDULING                         |
| <input type="checkbox"/> DATING/RELATIONSHIP VIOLENCE   | <input type="checkbox"/> COLOR DISCRIMINATION              | <input type="checkbox"/> CUSTOMER SERVICE                          |
| <input type="checkbox"/> DOMESTIC VIOLENCE              | <input type="checkbox"/> DISABILITY DISCRIMINATION         | <input type="checkbox"/> HOSTILE ENVIRONMENT                       |
| <input type="checkbox"/> PROPERTY DAMAGE                | <input type="checkbox"/> GENDER DISCRIMINATION             | <input type="checkbox"/> PHYSICAL ALTERCATION/FIGHTING ON PREMISES |
| <input type="checkbox"/> STALKING                       | <input type="checkbox"/> NATIONAL ORIGIN DISCRIMINATION    | <input type="checkbox"/> THEFT                                     |
| <input type="checkbox"/> SEXUAL HARASSMENT              | <input type="checkbox"/> RACE DISCRIMINATION               | <input type="checkbox"/> UNPROFESSIONAL CONDUCT                    |
| <input type="checkbox"/> SEXUAL ASSAULT /FONDLING       | <input type="checkbox"/> RELIGIOUS DISCRIMINATION          | <input type="checkbox"/> VERBAL ALTERCATION                        |
| <input type="checkbox"/> SEXUAL ASSAULT /RAPE           | <input type="checkbox"/> SEXUAL ORIENTATION DISCRIMINATION | <input type="checkbox"/> OTHER _____                               |
| <input type="checkbox"/> SEXUAL ASSAULT /STATUTORY RAPE | <input type="checkbox"/> VETERAN STATUS DISCRIMINATION     |  |
| <input type="checkbox"/> SEXUAL ASSAULT/OTHER _____     | <input type="checkbox"/> DISCRIMINATION/OTHER _____        |  |

THREATS INVOLVED     PHYSICAL VIOLENCE INVOLVED     ALCOHOL INVOLVED     DRUGS INVOLVED     WEAPONS INVOLVED

ASA SECURITY NOTIFIED     POLICE CALLED (POLICE REPORT # \_\_\_\_\_, REPORTED TO: \_\_\_\_\_ (NAME, TITLE))

## DETAILS OF INCIDENT/COMPLAINT (PLEASE PROVIDE THE FACTS OF THE INCIDENT IN AS MUCH DETAIL AS POSSIBLE. DESCRIBE WHAT HAPPENED IN CHRONOLOGICAL ORDER, USING SPECIFIC, CONCISE, OBJECTIVE LANGUAGE (WHO, WHAT, WHEN, WHY AND HOW))

DATE OF INCIDENT: \_\_\_\_\_ LOCATION OF INCIDENT (STREET ADDRESS OR BLDG NAME, ROOM #): \_\_\_\_\_

TIME OF INCIDENT: \_\_\_\_\_

### AGAINST WHOM ARE YOU FILING THIS COMPLAINT? (LIST THE NAME(S) OF THE INDIVIDUAL(S)/RESPONDENT(S). ADD ADDITIONAL PAGES IF NECESSARY)

#### RESPONDENT (PERSON ACCUSED) #1

FACULTY    STAFF    STUDENT    OTHER

NAME & TITLE: \_\_\_\_\_

CAMPUS LOCATION \_\_\_\_\_ PHONE # \_\_\_\_\_

INVOLVEMENT IN THE INCIDENT:

#### RESPONDENT (PERSON ACCUSED) #2

FACULTY    STAFF    STUDENT    OTHER

NAME & TITLE: \_\_\_\_\_

CAMPUS LOCATION \_\_\_\_\_ PHONE # \_\_\_\_\_

INVOLVEMENT IN THE INCIDENT:

### WITNESSES (LIST WITNESSES YOU BELIEVE HAVE INFORMATION ABOUT THE INCIDENT/COMPLAINT. INCLUDE COMPLETE INFORMATION FOR EACH WITNESS LISTED. ADD ADDITIONAL PAGES IF NECESSARY. IF YOU WANT TO MAINTAIN CONFIDENTIALITY OF YOUR WITNESS, CREATE A SEPARATE ATTACHMENT TO THE INCIDENT/COMPLAINT FORM LISTING YOUR WITNESSES)

#### WITNESS #1

FACULTY    STAFF    STUDENT    OTHER

NAME & TITLE: \_\_\_\_\_

CAMPUS LOCATION \_\_\_\_\_ PHONE # \_\_\_\_\_

WHAT INFORMATION CAN THIS WITNESS PROVIDE:

#### WITNESS #2

FACULTY    STAFF    STUDENT    OTHER

NAME & TITLE: \_\_\_\_\_

CAMPUS LOCATION \_\_\_\_\_ PHONE # \_\_\_\_\_

WHAT INFORMATION CAN THIS WITNESS PROVIDE:



SUPPORTING MATERIALS/DOCUMENTS (LIST ANY WRITTEN MATERIALS OR OTHER DOCUMENTS YOU BELIEVE MAY HELP IN INVESTIGATING YOUR COMPLAINT. PROVIDE NAME, DATE, AND EXPLANATION OF THE CONTENTS OF THE MATERIAL/DOCUMENT LISTED. ADD ADDITIONAL PAGES IF NECESSARY)

DOCUMENT #1

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

EXPLANATION OF CONTENTS:

DOCUMENT #2

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

EXPLANATION OF CONTENTS:

I AFFIRM, THAT TO THE BEST OF MY KNOWLEDGE, THE INFORMATION CONTAINED ON THIS FORM IS TRUE AND ACCURATE.

COMPLAINANT'S NAME: \_\_\_\_\_ COMPLAINANT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

TO BE COMPLETED BY PERSON HANDLING THE COMPLAINT

(INPUT APPROPRIATE CODE INTO CAMPUS, IF IT INVOLVES A STUDENT)

CODE:

DESCRIBE THE ACTIONS TAKEN AND THE FINAL OUTCOME, INCLUDING DATE OF RESOLUTION:

NAME: \_\_\_\_\_

DEPARTMENT/TITLE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

DEPARTMENT HEAD NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

DOWNTOWN BROOKLYN

81 Willoughby Street  
Brooklyn, NY 11201  
Tel: 718 - 522-9073

MIDTOWN MANHATTAN

1293 Broadway/One Herald Center  
New York, NY 10001  
Tel: 212-672-6450

NORTH MIAMI BEACH

3909 N.E. 163rd Street  
North Miami Beach, FL 33160  
Tel: 786-279-1740

HIALEAH

530 West 49th Street  
Hialeah, FL 33012  
Tel: 786-279-2643