

INDIANA UNIVERSITY KOKOMO
INTERNAL COMPLAINT FORM

Name: _____

Date: _____

PLEASE READ THE FOLLOWING BEFORE COMPLETING THIS FORM:

As you complete this form, please keep the following things in mind:

1. Be as detailed and specific as possible with respect to dates, times, locations and, if applicable, words or phrases used. Also, identify anyone else you believe might have information to support your complaint.

2. Your complaint will be investigated and treated as confidentially as possible. However, it will be necessary to interview the person who is alleged to have committed the conduct, as well as individuals identified as possible witnesses. At the conclusion of the investigation, you will be informed of its results.

BASIS OF COMPLAINT:

- Ethnicity Race Sex Disability National Origin Veteran Status
 Religion Color Age Retaliation for Prior Complaint Other

SUBJECT OF COMPLAINT:

- Pay/Benefits Promotion/Transfer Discipline Job Assignment Retaliation for Prior Complaint Harassment Other _____

DATE(S) THE CONDUCT OCCURRED

**NAME OF INDIVIDUAL(S) ABOUT WHOSE CONDUCT YOU ARE
COMPLAINING** _____

**DESCRIBE WHAT HAPPENED (BE SPECIFIC AS TO DATE, TIME AND PERSONS
INVOLVED**

(If you need additional space, continue on the back or attach your own document.)

ARE THERE ANY DOCUMENTS RELEVANT TO YOUR COMPLAINT?

- Yes No

If yes, please list the documents _____

IDENTIFY ANY PERSON WHO HAS INFORMATION TO SUPPORT YOUR

COMPLAINT _____

WHAT ARE YOU SEEKING AS A RESULT OF THIS
COMPLAINT _____

(If you need additional space, continue on the back or attach your own document.)

(Complainant's Signature)

Reviewed: April 2005

(Today's Date)