

AC-E ©

**NONDISCRIMINATION / EQUAL OPPORTUNITY  
COMPLAINT FORM**

**Please print:**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Another phone where you can be reached \_\_\_\_\_

During the hours of \_\_\_\_\_

E-mail address \_\_\_\_\_

**I wish to complain against:**

Name of person, school (department), program, or activity \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Address \_\_\_\_\_

Specify your complaint by stating the problem as you see it. Describe the incident, the participants, the background to the incident, and any attempts you have made to solve the problem. Be sure to note relevant dates, times, and places.

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