

# Discrimination / Harassment Formal Complaint Form

Michigan State University  
Office of Institutional Equity

To file a complaint, complete and return to Office of Institutional Equity, 4 Olds Hall, East Lansing, MI 48824  
For more information, call (517) 353-3922

Complainant's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Complainant's Date of Birth: \_\_\_\_\_ College / Unit: \_\_\_\_\_

Department: \_\_\_\_\_ MSU Organization: \_\_\_\_\_

Email: \_\_\_\_\_ Campus Phone: (     ) \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Preferred method of communication:  email  phone

Act or Practice: Discrimination \_\_\_\_\_ Harassment \_\_\_\_\_ Retaliation \_\_\_\_\_

### Nature of discrimination/harassment:

_____ Age	_____ Marital status	_____ Sexual orientation
_____ Color	_____ National origin	_____ Veteran status
_____ Disability status	_____ Political persuasion	_____ Height
_____ Gender	_____ Race	_____ Weight
_____ Gender identity	_____ Religion	

### Affiliation:

_____ Faculty	_____ RSO	_____ Student - Undergraduate
_____ Staff	_____ Student governing body	_____ Student - Graduate
_____ Student Employee	_____ Other: _____	

Referred By: \_\_\_\_\_

Date of act of alleged discrimination or harassment \_\_\_\_\_

\*If ongoing, indicate date range & most recent date of occurrence. **NOTE: Complaint must be filed within 180 days of the alleged incident(s).**

Name of Respondent(s) \_\_\_\_\_

Respondent(s) Department/Unit \_\_\_\_\_

Describe specific act(s) alleged with date(s), time(s), & location(s) if possible, (use additional sheets if necessary):

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

*I understand that I may use the informal resolution process to resolve this matter either with or without assistance of a University advisor. I understand that I may have rights to relief under the state and federal laws, and that filing a formal complaint does not necessarily enlarge the time within which I must file a complaint with the agencies or courts that enforce those laws. I understand that if I am a member of a collective bargaining unit, I may have rights to grieve the actions of the respondent, and that filing this complaint does not substitute for that process or enlarge the time available under that process or any other grievance process available to me at Michigan State University. I agree to cooperate within reason with any investigation conducted by the university into this matter.*

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

To be considered, this form must be returned to:

Office of Institutional Equity  
4 Olds Hall, East Lansing, MI 48824 | Voice/TTY: 517-353-3922 | Email: oie@msu.edu  
oie.msu.edu

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