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11-18-2013

## 4.619:01 Complaint Form Affirmative Action/ Equal Employment Opportunity Discrimination

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"4.619:01 Complaint Form Affirmative Action/Equal Employment Opportunity Discrimination" (2013). 999.x Policy Forms. Paper 50.

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FORM 4.619:01



# COMPLAINT FORM AFFIRMATIVE ACTION / EQUAL EMPLOYMENT OPPORTUNITY DISCRIMINATION

It is the policy of Antioch University not to discriminate against and to provide equal employment opportunity to all qualified persons without regard to race, color, national origin, ancestry, religion, sex, sexual orientation, gender identity, age, disability, veteran status, or any other protected classification. It is the policy of the University to analyze all areas of its employment process to further the principles of equal opportunity employment.

Staff, faculty, student employees, and applicants for employment who believe they may have been harassed or retaliated or discriminated against are encouraged to bring their concerns to the EEO/AA Officer to investigate and attempt to resolve the complaint. When this form has been completed, signed and submitted by the Complainant to the appropriate AA/EEO Officer, your Complaint will be deemed properly received and noted by the university. Once this Complaint is signed by the AA/EEO Officer you will be provided with a fully executed copy of this form as well as complete information about the discrimination complaint process.

For more information, please see: Antioch University's **Affirmative Action/Equal Employment Opportunity Policy# 4.005** http://aura.antioch.edu/policies\_400\_0x/1 and

**Discrimination Complaint Procedure Policy #4.619** <a href="http://aura.antioch.edu/policies-400-6x/3">http://aura.antioch.edu/policies-400-6x/3</a> under Human Resources Policies on Antioch University's portal

INFORMAL or FORMAL COMPLAINT (please check one).	Informal 🗌	Formal
Note: Informal and Formal Complaints are investigated sep		t is not resolved during the informal process, the

complainant may file a formal complaint. \* Note: You may also initiate an informal complaint verbally by contacting the University AA/EEO Officer, campus Deputy AA/EEO Officer or the University-wide Director of Human Resources or Associate General Counsel.

• The informal discrimination complaint should be initiated within 30 working days of the date of the adverse action or date

- the complainant became aware of the adverse action.

  The formal discrimination complaint should be submitted within 30 working days of the date of the adverse action or date
- The formal discrimination complaint should be submitted within 30 working days of the date of the adverse action or date the complainant became aware of the adverse action. In cases of unresolved informal complaints, submission should be not more than 30 days after termination of an unsatisfactory informal resolution process.

COMPLAINANT (Person alleging discrimination)							
Name:							
Affiliation:	Staff	Faculty	Student Employ	/ee			
Location: AU Central AU Los Angeles AU Midwest AU New England AU Santa Barbara AU Seattle							
	☐ AEA	PhD in L	eadership Program	Other:			
Department:		Program Student is enrolled in:					
Home Addr	ess:						
City:				State:	Zip Code:		
Daytime Ph	one:			Evening Phone:			
Email Addra	.cc:						

RESPONDENT (Person/s you allege harassed or retaliated or discriminated against you and why you had contact with them, e.g.					
Supervisor, co-worker, faculty, student, customer.)  Name: Title:					
Respondent Affiliation: Staff Faculty Student Employee Other:					
Reason for contact with you:					
Campus: Department:					
Respondent Contact Address:					
City: State: Zip Code:					
Daytime Phone: Evening Phone:					
Email Address:					
TYPE OF DISCRIMINATION YOU ARE CLAIMING Discrimination based on: (Please check all appropriate items)					
Age Color Religion Pregnancy Citizenship National Origin Sex Disability Marital Status Retaliation Genetic Information Medical Condition Race Ancestry Veteran Status Sexual Orientation Gender Identity Others:  1. Have you brought this matter to the attention of any other person(s) or department(s) at the university? YES NO If yes, please list the name(s), date(s), and department(s) of all other persons with whom you have discussed this matter.					
2. Date(s) most recent or continuing discrimination took place (month, day & year):					
3. <u>Clearly describe your complaint.</u> Describe each incident of alleged discrimination/harassment separately. For each action provide the following information: 1) Who was involved; 2) What happened; 2) Where it happened; 3) When it happened; 4) Why you believe the discrimination/harassment took place; 5) Why you believe it was motivated by your protected status and 6) What evidence of inappropriate motive are you aware of. (Please attach additional pages as necessary)					

4.	=		YES NO If yes, list witness names ident, customer, etc.) <b>Please attach add</b>	
	Name:	Relationship:	Phone:	
	Name:	Relationship:	Phone:	
	Name:	Relationship:	Phone:	
5.	What would you const complaint?	ider to be a successful or accep	otable outcome and/or resolution to y	our .
	EREBY CERTIFY THAT	THE INFORMATION CONTA	AINED IN THIS COMPLAINT IS COI	RRECT TO THE BEST OF
Sig	nature of Complaina	nt:	Date Signed:	
	MA	IL, DROP OFF OR EMA	AIL COMPLETED FORM	то:
		Antioch Uni	versity AA/EEO Officer	
		Α	Tim Jordan	
			itioch University yton Street, Suite 102	
			v Springs, OH 45387	
			tjordan@antioch.edu	
			<b>3</b>	
			pus Deputy AA/EEO Officer	٦
		For AULA, AUSB and AUS	David Houser	
		Campuses	AU Los Angeles	
			400 Corporate Pointe Los Angeles, CA 90230-7615	
			Email: dhouser@antioch.edu	
			Lindii. dirouser@diriocii.edd	
		For AUNE and AUM	Barbara Stewart	
		Campuses	AU Midwest	
			888 Dayton Street, Suite 102	
			Yellow Springs, OH 45387	
			Email: <u>bstewart@antioch.edu</u>	
			OR	_
	NOTE: If for som	e reason it is not practical to repo	ort a violation to the University EEO Office	er or the Deputy
	AA/EEO Officer o	f a particular campus, when, for $\epsilon$	example, the alleged incident involves th	e administrator or
			pordinator may not be impartial or would	
			mployee may alternatively report a viol	ation to either of the
	individuals name		Constitute Contraction LIB Bins story	1
		University-wide	Suzette Castonguay, HR Director	
			Antioch University 888 Dayton St., Suite 102	
			Yellow Springs, OH 45387	
			Email: scastonguay@antioch.edu	
		University-wide	Rebecca Todd	
			Associate General Counsel	
			Antioch University	
			888 Dayton St., Suite 102	
			Yellow Springs, OH 45387	
			Email: <u>rtodd@antioch.edu</u>	

### THIS SECTION FOR COMPLETION BY AA/EEO OFFICER

Date Complaint received by AA/EEO Officer:	
Name of AA/EEO Officer receiving complaint:	
Signature of AA/EEO Officer receiving complaint:	

**Date Copy of Fully Executed form Sent to Complainant:** 

Form Date: 11.15.13