

November 2013

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

Follow this and additional works at: https://aura.antioch.edu/policy_forms

Recommended Citation

"4.619:01 Complaint Form Affirmative Action/Equal Employment Opportunity Discrimination" (2013). *999.x Policy Forms*. 50.
https://aura.antioch.edu/policy_forms/50

This Article is brought to you for free and open access by the Antioch University Policies at AURA - Antioch University Repository and Archive. It has been accepted for inclusion in 999.x Policy Forms by an authorized administrator of AURA - Antioch University Repository and Archive. For more information, please contact dpenrose@antioch.edu, wmcgrath@antioch.edu.

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, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, genetic information, marital status, sex, gender, gender identity, gender expression, sexual orientation, age, military and 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 http://aura.antioch.edu/policies_400_6x/3 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 separately. If a complaint 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 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 Employee [] Other
Location: [] AU Central [] AU Los Angeles [] AU Midwest [] AU New England [] AU Santa Barbara [] AU Seattle [] AEA [] PhD in Leadership Program [] Other
Department: Program Student is enrolled in:
Home Address:
City: State: Zip Code:
Daytime Phone: Evening Phone:
Email Address:

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 Other _____

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. **Clearly describe your complaint.** 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 evidencet of inprpr motive are you aware of. **(Please attach additional pages as necessary)**

4. **Were witnesses present for the alleged behavior?** YES NO If yes, list witness names and relationship. (For example, "relationships" include co-worker, supervisor, faculty, student, customer, etc.) **Please attach additional pages as necessary.**

Name: _____ Relationship: _____ Phone: _____
 Name: _____ Relationship: _____ Phone: _____
 Name: _____ Relationship: _____ Phone: _____

5. **What would you consider to be a successful or acceptable outcome and/or resolution to your complaint?**

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS COMPLAINT IS CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature of Complainant: _____ Date Signed: _____

MAIL, DROP OFF OR EMAIL COMPLETED FORM TO :	
<p>Antioch University AA/EEO Officer Iris Weisman Antioch University 900 Dayton Street Yellow Springs, OH 45387 Email: iweisman@antioch.edu</p>	
<p>OR your Campus Deputy AA/EEO Officer</p>	
<p>For AULA and AUSB Campuses</p>	<p>Sandy Lee AU Los Angeles 400 Corporate Pointe Los Angeles, CA 90230-7615 Email: slee@antioch.edu</p>
<p>For AUM, GSLC (Graduate School of Leadership & Change), and AU Oline</p>	<p>Karin Crist AU Midwest 900 Dayton Street Yellow Springs, OH 45387 Email: kcrist@antioch.edu</p>
<p>For AUNE Campus</p>	<p>Will Dooley AU New England 40 Avon Street Keene, NH 03431 Email: wdooley@antioch.edu</p>
<p>For AUS Campus</p>	<p>Mensima Biney AU Seattle 2400 3rd Avenue, Suite 200 Seattle, WA 98121 Email: mbiney@antioch.edu</p>
<p>OR</p>	
<p>NOTE: If for some reason it is not practical to report a violation to the University EEO Officer or the Deputy AA/EEO Officer of a particular campus, when, for example, the alleged incident involves the administrator or when it is perceived that the designated Title IX Coordinator may not be impartial or would have a conflict of interest. Regardless of the reason, a student or employee may alternatively report a violation to either of the individuals named below:</p>	

<p style="text-align: center;">University-wide</p>	<p style="text-align: center;">Suzette Castonguay, HR Director Antioch University 900 Dayton Street Yellow Springs, OH 45387 Email: scastonguay@antioch.edu</p>
<p style="text-align: center;">University-wide</p>	<p style="text-align: center;">Rebecca Todd Associate General Counsel Antioch University 900 Dayton Street Yellow Springs, OH 45387 Email: rtodd@antioch.edu</p>

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: _____