



Discrimination Complaint Form

Saginaw Valley State University

Name of Complainant: _____

Contact Person: _____

Phone Number (Daytime) _____ (Evening) _____

SVSU Status Employee Student Other (please specify)

Name of Alleged Discrimination(s): _____

Basis of Discrimination: Race/Color Age Sexual Harassment

Sex (Gender) National Origin Disability Marital Status

Sexual Orientation Height Weight Religion

Retaliation

Date of Alleged Discrimination: _____

Please describe below the actions that you believe are discriminatory. Use additional sheets if needed. Include as much detail as possible; such as dates, places, and names.

WITNESSES (If any, provide the names of witnesses to support your allegations):

As a result of this complaint, what would you like to see accomplished?

Complainant's Signature: _____ Date: _____

Complaint Received by: _____ Date: _____

Return Complete Form to: Saginaw Valley State University
Dr. Mamie T. Thorns
Special Assistant to the President for Diversity Programs
7400 Bay Road
University Center, MI 48710
Phone: (989) 964-4397

Please Note: The University will make every effort to hold the incidents of the official complaint in confidence. However, the University cannot guarantee confidentiality beyond the limits of this investigation. For more information on Saginaw Valley State University's discrimination policy, visit: <http://www.svsu.edu/operationsmanual/employeerelations/252discrimination,sexualharassment&racialh/>



Saginaw Valley State University
An Equal Opportunity University
Accredited by The Higher Learning Commission of NCA