



# Discrimination Complaint Form

Saginaw Valley State University

Name of Complainant: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number (Daytime) \_\_\_\_\_ (Evening) \_\_\_\_\_

SVSU Status       Employee       Student       Other (please specify)

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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: \_\_\_\_\_

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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.

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

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

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Complainant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Complaint Received by: \_\_\_\_\_ Date: \_\_\_\_\_

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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/>



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