



# 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.

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