

HARASSMENT/ DISCRIMINATION COMPLAINT FORM

Austin Peay State University (APSU), welcomes and honors people of all races, creeds, cultures, and sexual orientations. The University values intellectual curiosity, pursuit of knowledge, and academic freedom and integrity. In keeping with those values, the policies of APSU expressly prohibit the following:

- * discrimination against employees, students, or applicants for employment or admission, on the basis of race, color, religion, sex (including sexual harassment, sexual orientation, gender identity, marital status), national origin, age, disability, or protected veteran status;
- * discrimination against other participants in educational programs and activities (which includes certain individuals who are not employees, students, or applicants for employment or admission) on the basis of race, color, national origin, sex, or disability; and
- * Retaliation against any person who in good faith reports a practice that he/she believes violates non-discrimination policies.

If you are an employee, student, applicant for employment, applicant for admission, or are otherwise a participant in an APSU program or activity, and you believe you have been discriminated against in violation of the policies outlined above, the process below is designed to help you resolve your complaint. **This form may be used to file a complaint of discrimination or harassment with the APSU Office of Equal Opportunity and Affirmative Action (OEO/AA), but it is not required to file a complaint.** Complaints must be in filed in writing within 365 days of the alleged discriminatory action. In certain circumstances, at the discretion of OEO/AA, complaints filed outside that time limit, or not submitted in writing, may be investigated. You may print this form and submit it directly to OEO/AA, fax to (931) 221-6345, or mail to Office of Equal Opportunity and Affirmative Action, Austin Peay State University, P.O. Box 4457, Clarksville, TN 37044.

Date

I. Personal Information

Name Check your preferred contact method below:
 E-Mail _____
Address Work Phone: _____
City State Zip Code Home Phone: _____
 Other (Cell): _____
Country

II. Affiliation

Employee: Department
Position Title
Supervisor
 Student: Undergraduate Graduate
 Other:

III. Respondent(s) - person(s) and/or department against whom the complaint is being filed

Name
Department
Title

IV. Basis of Your Complaint - check all that apply

- | | | | | |
|--|------------------------------------|---|---|-------------------------------------|
| <input type="checkbox"/> Race | <input type="checkbox"/> Religion | <input type="checkbox"/> Sexual Harassment | <input type="checkbox"/> Marital Status | <input type="checkbox"/> Age |
| <input type="checkbox"/> Color | <input type="checkbox"/> Gender | <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Veteran Status | <input type="checkbox"/> Disability |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Gender Identity | | |

V. Using the space below, describe the specific ad(s) alleged with dates, time(s), locations(s), and the names of any witnesses who may have observed the incident and/or experienced similar treatment. Your complaint is not limited to the space provided. You may attach any additional materials, which may assist in the investigation.

VI. How would you like to see the situation resolved and/or what remedy are you seeking?

VII. Acknowledgement

I certify that to the best of my knowledge the information that I provided is accurate and the events and circumstances are as I have described them. I understand and acknowledge that a copy of this complaint will be provided to the alleged offender (respondent). I am willing to cooperate fully in the investigation and provide whatever evidence the University deems relevant.

While complete confidentiality cannot be guaranteed, I understand that all complaints will be handled in such a way that confidentiality will be protected to the extent possible. Information about the complaint will be shared on a limited basis only with those who need to know. I further understand that filing a complaint with the Office of Equal Opportunity and Affirmative Action does not preclude me from filing an allegation with an external agency nor does it extend time limits for such a complaint.

APSU does not tolerate adverse treatment of its employees or students because of the filing a complaint of or providing information related to a complaint. Any actions that may constitute retaliation should be reported to OEO/AA immediately.

If you believe that you have been retaliated against, please check here.

Signature Date

In Acrobat reader you can sign electronically under the document tab and then sign: apply ink signature.