

**Alabama Agricultural and Mechanical University  
Office of Human Resources**

**Mailing Address: Human Resources, Alabama A&M University, Normal, AL 35762  
Phone: 256.372.5835 Fax: 256.372.4881**

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**Complaint Form**

(This form is only to be used to file a complaint of discrimination, harassment, and/or retaliation.)  
(Print or Type)

**General Information:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Undergraduate Student \_\_\_\_\_ Graduate Student \_\_\_\_\_ Staff \_\_\_\_\_ Faculty  
\_\_\_\_\_ Other: \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email address: \_\_\_\_\_

**Respondent (s)- person(s) against whom the complaint is being filed**

Alleged Offender's Name: \_\_\_\_\_

Alleged Offender: \_\_\_\_\_ Faculty \_\_\_\_\_ Staff \_\_\_\_\_ Student \_\_\_\_\_ Other

Department: \_\_\_\_\_

Alleged Offender's Name: \_\_\_\_\_

Alleged Offender: \_\_\_\_\_ Faculty \_\_\_\_\_ Staff \_\_\_\_\_ Student \_\_\_\_\_ Other

Department: \_\_\_\_\_

**Basic of Your Complaint-check all that apply**

- |                    |  |
|--------------------|--|
| ___ Age            | ___ National/Ethnic Origin                 |
| ___ Color          | ___ Political Affiliation                  |
| ___ Disability     | ___ Race                                   |
| ___ Religion       | ___ Sexual Orientation                     |
| ___ Retaliation    | ___ Sex (including pregnancy)              |
| ___ Veteran Status | ___ Other/Not for Sure                     |
|                    | ___ Explain: _____                         |
|                    | ___ Family Medical and Genetic Information |

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**Explanation of Circumstances**

Describe what you believe to be discrimination, harassment, and/or retaliation, include details about any harm you have suffered. List each incident, including the date, and provide any other details which support your complaint. Identify all persons involved. If necessary, please attach additional pages.

**Witnesses**

List everyone you believe can provide relevant information regarding your complaint. Include all contact information (i.e., name, phone, email address) for each witness as well as a brief explanation of the witness's knowledge. If necessary, please attach additional pages.

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**Evidence**

Do you have evidence supporting the incidents described above i.e., letters, emails, photos, etc. (attach evidence if possible): Yes\_\_\_\_\_ No\_\_\_\_\_ Evidence attached\_\_\_\_\_

Is there any physical evidence that supports your complaint? If so, please describe or attach a copy.

**Acknowledgment**

To investigate your complaint, it will be necessary to interview you, the alleged respondent(s), and any witnesses with knowledge of the allegations or defenses. Complaints and actions taken to resolve complaints will be handled as confidentially as possible, given the University's obligations to investigate and act upon reports of such complaint. Confidentiality will be maintained throughout the investigation of any complaint to the extent possible, while remaining consistent with the goal of conducting a thorough investigation and implementing corrective action, as appropriate.

The information provided in this complaint is true and correct to the best of my knowledge. Making false or frivolous allegations is in violation of the University's policy. I am willing to cooperate fully in the investigation of my complaint and provide whatever evidence the University deems relevant.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return to the Office of Human Resources  
or mail to the address at the top of the form or fax to (256)372-5881.  
For questions, please call (256) 372-5835.