

CLARKSON UNIVERSITY  
DISCRIMINATION COMPLAINT FORM

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**Employee Data**

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

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Home Telephone: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_

Position Held: \_\_\_\_\_

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**Basis For Filing Complaint**

Race/Color       Ethnic Origin       Veteran's Status       Gender

Disability       Religion       Sexual Orientation       Age

Place of alleged discriminatory act: \_\_\_\_\_

Person(s) who committed alleged act(s) of discrimination:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

