



INCIDENT REPORT FORM

Complainant Information

Name: _____

Date: _____

Department: _____

Work Telephone: _____

Home Address: _____

Home Telephone: _____

City: _____

State: _____ Zip: _____

Gender of complainant: Female Male

Are you a: student employee job applicant other

Name of immediate supervisor: _____

Name and title of person(s) charged: _____

If you are a student and the alleged violation is against your professor and occurred while you were taking a class, please provide the semester, class title and section number. _____

Where did the alleged violation take place? _____

Basis of alleged complaint:

- Age _____ Date of birth _____
- Disability _____
- Gender _____
- National Origin _____
- Race/color: Specify _____
- Race by association _____
- Religion _____
- Sexual Orientation _____
- Other _____

Nature of charge:

- Access/accommodation
- Discrimination
- Harassment
 - Sexual Racial
 - Gender Other _____
- Hiring
- Intimidation/retaliation
- Other _____

Name of witnesses, if any: _____

Date of alleged violation: _____

Have you brought this charge to anyone else's attention?

Yes, to whom _____ No

What action would you like taken?

Explain as briefly as possible the nature of your complaint and indicate who was involved. Be sure to include how other persons were treated differently from you. Also, attach any written material pertaining to your case. If necessary, please attach sheets of paper.

 Complainant Signature

 Date

PLEASE RETURN THE COMPLETED FORM TO THE OFFICE OF HUMAN RESOURCES AND AFFIRMATIVE ACTION, 600 MT. PLEASANT AVENUE, PROVIDENCE, RI 02908. IF YOU HAVE ANY QUESTIONS, PLEASE CALL US AT 401-456-8218.

 Person Receiving Complaint (Print Name, Print Title, Signature)