

COMPLAINT OF DISCRIMINATION AND/OR HARASSMENT

Name:		Date:		
Please check all the apply:			Graduate _ Supervisor	_
Current Job Title (if applic Mailing Address:				
Phone: Contact Numbers: Day		Email Address:		
I request that my complain complaint is based on one all that apply below)				
Race, Color National Origin Disability Sexual Orientat Veteran Status Citizenship Stat	ion		Religion Sex (gender) discrimit Sexual Harassment _ FMLA Other	
occurred and the name(s) a attach additional sheets as		he person(s) whom yo	ou believe to be involved	1. (You may
				(OVER)

Please provide names and contact information t	or any witnesses.	
What remedy are you seeking?		
Are you interested in participating in or learning Program?	g more about the University	's Voluntary Mediation
Please check: Yes No		
	Signature	Date

Please return this form to:

Michele M. Rovinsky-Mayer, J.D. Assqectg Vice President Offices of Equality and Diversity James E. Marks Intercultural Center 33rd and Chestnut Streets Philadelphia, PA 19104 Fax Number: 215-895-1268

e-mail: mrovinsky@drexel.edu

Phone: (215) 895-1403, (215) 895-1405