



JOHNS HOPKINS UNIVERSITY
 Office of Institutional Equity
 3400 N. Charles Street, Wyman Park Building, Suite 515
 Baltimore, MD 21218-2696
 410-516-8075 / Fax 410-516-5300

Today's Date: _____

EQUITY COMPLIANCE COMPLAINT FORM

FOR DISCRIMINATION, HARASSMENT, OR RETALIATION BASED ON ONE OR MORE PROTECTED CLASS CATEGORIES

The information you provide in this form will be kept as confidential as is reasonably possible. While you may make this complaint anonymously, doing so may impair the university's ability to conduct an effective investigation. If you wish to remain anonymous, feel free to use a pseudonym or leave the name field blank.

If you are unable to complete this form for any reason, please contact the office for assistance.

1	Complainant's Name:
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2	Complainant's Ethnicity/Race:
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3	Complainant's Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender
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4	Classification: <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Graduate Student <input type="checkbox"/> Undergraduate Student <input type="checkbox"/> Postdoctoral Trainee <input type="checkbox"/> Other (Please specify: _____)
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5	Home Address:	Work Address:
Please indicate your preferred address for receiving correspondence from us: <input type="checkbox"/> Home <input type="checkbox"/> Work		

6	Home Phone	Work Phone	Mobile Phone
	Your preference for receiving phone calls from us: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile		

7	Email Address:
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8	Position Title and Department at JHU (if faculty or staff):
	Academic Year and Department at JHU (if graduate student):
	Academic Year and Major(s) at JHU (if undergraduate student):

9 How long have you been affiliated with JHU?

10 Status of Affiliation: Full-Time Part-Time On Special Contract (Specify Duration: _____) Other (Please specify: _____)

11 On the basis of which of the following categories are you filing this complaint? (Check all that apply.)

Race Sex (gender or sexual harassment) National Origin
 Age Sexual Violence Sexual Orientation
 Veteran Status Ethnicity Disability
 Color Marital Status Pregnancy
 Religion Genetic Information Gender Identity/Expression
 Retaliation

12 Date(s) of alleged discrimination:

13 Name and title of person(s) you believe discriminated against you:

NAME	TITLE	SCHOOL/DEPARTMENT
NAME	TITLE	SCHOOL/DEPARTMENT
NAME	TITLE	SCHOOL/DEPARTMENT
NAME	TITLE	SCHOOL/DEPARTMENT

Please provide a detailed explanation of the nature of the alleged discrimination using the following format (Please use additional paper if necessary):

14	Please describe the discriminatory act(s).
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15	When did the alleged discrimination occur and is it still ongoing?
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16	Where did the alleged discrimination occur?
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17	How often did the alleged discrimination occur?
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18	What response did you make when the incident(s) occurred or afterwards?
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19	Did anyone see you immediately after the alleged incident?
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20	Was there anyone present when the alleged incident(s) occurred? Please provide information.
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21	Is there anyone else who has relevant information? May we contact this person? (If yes please provide name, contact information and a description of the relevant information.)
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22	Did you tell anyone about it? Who?
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23	Does anyone else have similar concerns about the accused person's behavior? (If yes, please provide name, contact information, and a description of the relevant information.)
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24	How would you like to see this matter resolved?
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25	Have you discussed this issue with any other offices on campus? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, with which office and what were the results?

26	Has there been any offer made to you to informally resolve your issue? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, what was the offer and what were the results?

27	Do you have any other relevant information? (notes, physical evidence or other documentation)	
Signature of the Complainant		Date of the Complaint

Please deliver this form to the following address:

Office of Institutional Equity
 Wyman Park Building, Suite 515
 3400 N. Charles Street
 Baltimore, MD 21218

Or fax the form to 410-516-5300.