



Discrimination Intake Form (Staff and Faculty)

INSTRUCTIONS: This complaint form should be completed and returned to the Office of Equal Opportunity, Inclusion, and Resolution Services to assist in the investigation and resolution process. For detailed information on the complaint process please contact our office at 315.443.4018 or send an email to equalopp@syr.edu

1. Name of Complainant (*Last, First, Middle Initial*):

2. SUID

Are you filing this complaint for someone else? Yes No

a. If yes, who do you believe was discriminated against?

Name:

Relationship to you:

3. School, College, Department, or Unit:

4. Current Position Title:

5. Best Contact Number/Email:

6. Special Requests

I need:

a. A translator (if so, which language?): _____

b. Accommodations for a disability: _____

c. Other: _____

7. REASON(S) YOU BELIEVE YOU WERE DISCRIMINATED AGAINST (Check all that apply)

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- Age
- Marital Status
- Citizenship
- Military/Veterans Status
- Disability
- National Origin
- Ethnicity
- Race/Color
- Family Status
- Religion/Creed
- Gender/Sex
- Genetic Information
- Gender Identity/Gender Expression
- Sexual Orientation
- Sexual Harassment
- Dating/Domestic Violence *status*
- Pregnancy
- Retaliation (*if you filed a discrimination complaint before or helped someone else with a discrimination complaint, or reported discrimination due to any of the categories in section 5)*
- Other

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8. ACTS OF DISCRIMINATION

(What did the person/department you are complaining against do? Please check all that apply.)

- Fired me /colleague laid me off
- Demoted me/colleague
- Suspended me/colleague
- Sexually harassed me/colleague
- Harassed or intimidated me/colleague (other than sexual harassment)
- Denied me/colleague training
- Denied me/colleague a promotion or pay raise
- Denied me/colleague leave time or other benefits
- Paid me/colleague a lower salary than other workers in my/their same title
- Gave me/colleague different or worse job duties than other workers in my/their same title
- Denied me/colleague an accommodation for my/their disability
- Denied me/colleague an accommodation for my/their religious practices
- Gave me/colleague an unwarranted disciplinary notice or negative performance evaluation

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Other **Please briefly explain in further detail why you feel you have been discriminated against**

(You will have an opportunity to speak with an investigator and submit any additional documentation):

9. Please name the individual(s) who you believe has discriminated?

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

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10. Witnesses

The following people saw or heard the discrimination and can act as witnesses:

Name: _____ Job title: _____

Telephone number: _____

Relationship to me: _____

What did this person witness? _____

Name: _____ Job title: _____

Telephone number: _____

Relationship to me: _____

What did this person witness? _____

Name: _____ Job title: _____

Telephone number: _____

Relationship to me: _____

What did this person witness? _____

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11. Additional Complaint Details

Examples of other people who were discriminated against in the same way: (For example, people who were harassed by the same manager, disciplined or terminated for the same reasons, did not receive an accommodation for the same reasons, etc.).

Examples of other people who were treated better than you/they were: (For example, people who were not fired for doing the same thing you were fired for, people who were doing the same job but making more money, people who were allowed to stay in the store while you were told to leave, etc.)
