



# COMPLAINT FORM

## *Complainant Information*

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

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

Department/Major: \_\_\_\_\_

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

Email address: \_\_\_\_\_

Are you a:  Student  Faculty/Staff  other

Name of person(s) against whom the complaint is made: \_\_\_\_\_

Do you interact with the person(s) on campus? \_\_\_\_\_

If so, when and where do you interact with that person(s)? \_\_\_\_\_

### *Basis of alleged complaint:*

- |  |  |
|--|--|
| <input type="checkbox"/> Age                       | <input type="checkbox"/> Marital Status                |
| <input type="checkbox"/> Disability                | <input type="checkbox"/> Citizenship Status            |
| <input type="checkbox"/> Sex/Gender                | <input type="checkbox"/> Veteran Status                |
| <input type="checkbox"/> National Origin/Ethnicity | <input type="checkbox"/> Gender Identity or Expression |
| <input type="checkbox"/> Race/color                | <input type="checkbox"/> Genetic Information           |
| <input type="checkbox"/> Pregnancy Status          | <input type="checkbox"/> Other                         |
| <input type="checkbox"/> Religion/Creed            |  |
| <input type="checkbox"/> Sexual Orientation        |  |

Name of witnesses, if any: \_\_\_\_\_

Date of alleged violation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Explain the nature of your complaint and indicate who was involved. Also, attach any written material pertaining to your case. If necessary, please attach sheets of paper.

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Complainant Signature

\_\_\_\_\_

Date

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**PLEASE RETURN THE COMPLETED FORM TO RHODE ISLAND COLLEGE, DIVISION OF COMMUNITY, EQUITY AND DIVERSITY, ROBERTS HALL, 600 MT. PLEASANT AVENUE, PROVIDENCE, RI 02908 OR EMAIL TO [mlynchgadaleta@ric.edu](mailto:mlynchgadaleta@ric.edu).**

**If you have any questions, please call Margaret Lynch-Gadaleta at (401)-456-8387**

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