



BROWN

## Discrimination and Harassment Complaint Form

Please completely fill out the following information and return the complaint form to:  
[OIED-intake@brown.edu](mailto:OIED-intake@brown.edu)

**TYPE OF COMPLAINT: Discrimination, Harassment (non-sexual), or Sexual Harassment**  
**(circle all that apply)**

I. Name of **Complainant** (person filing the complaint)

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

Address: \_\_\_\_\_

Telephone (cell): \_\_\_\_\_ Campus Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

II. Name and status of **Respondent** (person complaint is against) \_\_\_\_\_

Student

Faculty

Staff

III. Summary of allegations (attach additional sheets as necessary):

\_\_\_\_\_  
\_\_\_\_\_

IV. What action, if any, does the reporting person request?

\_\_\_\_\_

V. Does the reporting person request confidentiality? **(please read acknowledgement statement below)**

Yes  No

VI. Acknowledgement of Person Filing Report

I understand that if I have requested confidentiality, Brown's ability to thoroughly address my complaint of alleged discrimination or harassment may be limited. I understand that even though I may have requested confidentiality, my request may not be honored if my safety or the safety of others may be compromised. I understand that if I have any questions regarding any of this information, **including the filing of this form and confidentiality**, it is my responsibility to meet and discuss those questions with the appropriate staff member in Human Resources or in the Office of Institutional Equity and Diversity.

Signature of person filing report \_\_\_\_\_ Date filed \_\_\_\_\_

Name of person receiving this report:

Name

Title