Discrimination and Harassment
Complaint Form

Please completely fill out the following information and return the complaint form to:
Institutional_Diversity@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 ____________________________