



BROWN

Discrimination and Harassment Complaint Form

Please completely fill out the following information and return the complaint form to:
[Institutional Diversity@brown.edu](mailto: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