Discrimination/Title IX Complaint Form
For Students, Employees, or Visitors

1. Please provide the following information:

Name: _______________________________________________________WSU ID: __________
Street Address: ___________________________________________________________________
City and State: ________________________________________________Zip Code: ___________
Phone Number: (_____ )___________________________________Gender:__________________
E-mail address: _____________________________Status:  □ Student  □ Employee  □ Visitor
Do you need an interpreter?  □ Yes  □ No  Language Needed: ______________________

2. Type of complaint:  □ Discrimination  □ Sexual Misconduct/Sexual Harassment
   □ Relationship Violence  □ Retaliation  □ Stalking

3. Type of discrimination:
   □ Age  □ Disability  □ Gender Identity  □ National Origin  □ Race
   □ Sexual Harassment  □ Other_______________
   □ Ancestry  □ Genetic Information  □ Political Affiliation  □ Religion
   □ Sexual Orientation  □ Status as a Veteran
   □ Color  □ Gender Expression  □ Marital Status  □ Sex
   □ Pregnancy

4. Please list the name(s) of the individual(s) the complaint is regarding.

Name: ________________________________________________________________________
Street Address: __________________________________________________________________
City and State: _______________________________________________Zip Code: ___________
Phone Number: (_____ ) ___________________________________Gender:________________
E-mail address: _____________________________Status:  □ Student  □ Employee  □ Visitor
5. Please explain the incident in detail including times, dates, locations, names and titles of the people involved in the incident(s). If any, please attach documentation that you believe may be helpful in investigating this complaint

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

6. Please state the remedy, resolution or interim measures that you are seeking or requesting.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

If any, please attach documentation that you believe may be helpful in investigating this complaint.

7. Please sign and return the completed form to:

Name: ____________________________  Today’s Date: ________________

Office of Equal Opportunity/Title IX
Wichita State University
1845 Fairmount, Campus Box 138
Wichita, KS 67260-0138
Phone Number (316) 978-3187

FOR OFFICE USE ONLY

Received by:

Date filed: