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                                           □ Color                                          □ Disability
   □ Gender                                        □ Gender Expression                                □ Gender Identity
   □ Genetic Information                           □ Marital Status                                  □ National Origin
   □ Political Affiliation                         □ Pregnancy                                       □ Race
   □ Religion                                      □ Sex                                            □ Sexual Harassment
   □ Sexual Orientation                            □ Status as a Veteran                              □ Other_____________________

4. Please provide the person, department or group that engaged in the discrimination.

   Name: __________________________________________________________________________

   Street Address: ____________________________________________________________________

   City and State: ____________________________________________ Zip Code _______________

   Phone Number (Area Code): _______________________________________________________

   Department: _______________________________________________________________________

   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.

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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, date and return the completed form to:

Name: ___________________________ Today’s Date __________________

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

Visit our website at www.wichita.edu/eeo

FOR OFFICE USE ONLY

Received by:

Date filed: