Office of Student Conduct and Community Standards  
Wichita State University

Complaint of Discrimination/Sexual Harassment  
Sexual Assault/Retaliation  
(Students)

Date: ________________

<table>
<thead>
<tr>
<th>Name of Complainant:</th>
<th>WSU id:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>Email:</td>
</tr>
<tr>
<td></td>
<td>Phone: (___)</td>
</tr>
<tr>
<td>City, State, Zip:</td>
<td>Gender: □ Male □ Female</td>
</tr>
<tr>
<td>Status: □ Student □ Employee □ Other</td>
<td></td>
</tr>
<tr>
<td>Do you need an interpreter? □ YES □ NO</td>
<td></td>
</tr>
<tr>
<td>If you checked “YES,” enter the language needed: __________________________</td>
<td></td>
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</tbody>
</table>

Type of Complaint: □ Discrimination □ Sexual Harassment □ Sexual Assault □ Retaliation

I feel that I was discriminated/harassed/assaulted/retaliated against because of my:

□ Race □ Religion □ Color
□ National Origin □ Gender □ Age
□ Sexual Orientation □ Marital Status □ Political Affiliation
□ Status as Veteran □ Genetic Information □ Disability
□ Other

I feel that I was discriminated/harassed/assaulted/retaliated against by: (If more than one respondent, list information for each one.)

<table>
<thead>
<tr>
<th>Name of Respondent (#1):</th>
<th>WSU id:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>Email:</td>
</tr>
<tr>
<td></td>
<td>Phone: (___)</td>
</tr>
<tr>
<td>City, State, Zip:</td>
<td>Gender: □ Male □ Female</td>
</tr>
<tr>
<td>Status: □ Student □ Employee □ Other</td>
<td></td>
</tr>
</tbody>
</table>
Please explain your complaint in detail.

(a) Describe the specific incident(s) of alleged discrimination, harassment, and/or retaliation. List times, dates, location, names and titles of the people involved in the incident(s).

(b) State the specific reason(s) why you believe you were discriminated/harassed/retaliated against because of your protected class status (e.g., race, sex, age, disability, etc.)

(c) Provide the names and titles of people you believe were treated more favorably than you due to your protected class status. List the protected class status (race, age, gender, disability, etc.) of each person, if applicable.
Please state the remedy or resolution that you are seeking or requesting

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

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

I certify that the above statements are true and correct.

____________________________________________________________________________________
Complainant Signature

Please return the completed form to:

Mandy Hambleton
Director of Student Conduct and Community Standards.
Wichita State University
Campus Box 95
1845 Fairmount
Wichita, KS 67260-0138
Phone Number (316) 978-6681
mandy.hambleton@wichita.edu

FOR OFFICE USE ONLY

Received by: 

Date filed: