COMPLAINT OF UNLAWFUL DISCRIMINATION

BALL STATE UNIVERSITY

Phone: (765) 285-1843 Fax: (765) 285-5615

Name:	Telephone:
Address:	
Email:	
Check One: Student Employee	Applicant (For admission or employment)
If Employee, please list:	
Department:	Immediate Supervisor:
after an alleged discriminatory act or incides should be completed as promptly and accinvestigation you may be interviewed by that in the event you allege discrimination complaint form for each individual. This may be filed electronically, by regular U.S. Assistant Director at: Ball State Universit 47306. If the Complaint of Unlawful Dischandling of an Americans with Disabilities form should be directed to the Associate one of the above stated filing methods. Equal Opportunity and Affirmative Action Process Policy ("Policy"), which described discrimination complaints. A copy of this Basis of Complaint:	on ("Assistant Director") within 300 calendar days dent has occurred. To ensure a full investigation, it urately as possible. In addition, during the the Assistant Director or their designee. Please note in by more than one individual, you must file a separate completed form should be marked confidential and S. Mail, campus mail, or hand-delivered to the say, 2000 University Avenue, AD 002, Muncie, Indiana crimination pertains to the Assistant Director's less Act (ADA) accommodation request, the completed Wice President for People and Culture in AD 103 by and are also encouraged to review the University's and Complaint Investigation Procedure and Appeal less the process for the investigation and determination of as Policy is available for review on the BSU website.
Age Race/Color	Gender Identity/Gender Expression Religion
Ethnicity/National Origin/Ancestry	Disability
Sex/Gender (including pregnancy)	Genetic Information
Sexual Harassment*	Veteran Status
Sexual Orientation	Retaliation

Pay/Benefits Promotion/Demotion/Transfer Discipline	Job Assignment Hostile Work Environment Other ()			
(*Depending on the circumstances and individuals involved, please note that some types of sexual harassment claims are subject to a separate set of procedures pursuant to the University's Title IX policy, and will be investigated and adjudicated under that policy, when applicable.)				
Name of the individual who engaged in the held:	alleged unlawful discrimination and position			
Please provide a description of the act or incocurrence. Be certain to be as specific as plocation(s). You may choose to submit a sepstatement and attach it to this form.	ossible, including date(s), time(s), and			
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Are there any documents relevant to your c	-			
Yes No If yes please att	ach the documents:			

Subject of Complaint:

Names and contact information of any witnesses and positions held:		
Desired resolution:		
Verification:		
I acknowledge that I have read the contained and the statements contained in it are I understand that filing this complaint with the Ball State University Police I agency, and should I wish to file a polagency.	true to the best of my knowledge form does NOT constitute filind Department or any local, state, or	e, information, and belief. g an official police report or federal law enforcement
Complainant's Signature	Printed Name	Date

Revised 1/23, 4/23