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: ______________________

Procedure: This complaint form should be completed and filed with the Assistant Director of Institutional Equity and Affirmative Action (“Assistant Director”) within 300 calendar days after an alleged discriminatory act or incident has occurred. To ensure a full investigation, it should be completed as promptly and accurately as possible. In addition, during the investigation you may be interviewed by the Assistant Director or their designee. Please note that in the event you allege discrimination by more than one individual, you must file a separate complaint form for each individual. This completed form should be marked confidential and may be filed electronically, by regular U.S. Mail, campus mail, or hand-delivered to the Assistant Director at: Ball State University, 2000 University Avenue, AD 002, Muncie, Indiana 47306. If the Complaint of Unlawful Discrimination pertains to the Assistant Director’s handling of an Americans with Disabilities Act (ADA) accommodation request, the completed form should be directed to the Associate Vice President for Business and Auxiliary Services in AD 103 by one of the above stated filing methods. You are also encouraged to review the University’s Equal Opportunity and Affirmative Action Complaint Investigation Procedure and Appeal Process Policy (“Policy”), which describes the process for the investigation and determination of discrimination complaints. A copy of this Policy is available for review on the BSU website.

Basis of Complaint:

__ Age  __ Gender Identity/Gender Expression
__ Race/Color  __ Religion
__ Ethnicity/National Origin/Ancestry  __ Disability
__ Sex/Gender (including pregnancy)  __ Genetic Information
__ Sexual Harassment*  __ Veteran Status
__ Sexual Orientation  __ Retaliation
Subject of Complaint:

__ Pay/Benefits                  __ Job Assignment
__ Promotion/Demotion/Transfer   __ Hostile Work Environment
__ Discipline                   __ 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 alleged unlawful discrimination and position 
held:_________________________________________________________________________________

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Please provide a description of the act or incident and/or statement(s) in order of 
ocurrence. Be certain to be as specific as possible, including date(s), time(s), and 
location(s). You may choose to submit a separate, more detailed, written narrative 
statement and attach it to this form.

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Are there any documents relevant to your complaint?

__ Yes  __ No  If yes, please attach the documents:
Names and contact information of any witnesses and positions held:


Desired resolution:


Verification:

I acknowledge that I have read the completed complaint form. I am familiar with its contents and the statements contained in it are true to the best of my knowledge, information, and belief. I understand that filing this complaint form does NOT constitute filing an official police report with the Ball State University Police Department or any local, state, or federal law enforcement agency, and should I wish to file a police report, I must work directly with a law enforcement agency.

____________________________  ______________________  ___________
Complainant’s Signature       Printed Name              Date

Revised 1/23