SAINT FRANCIS UNIVERSITY
INCIDENT ALLEGATION FORM

Name: ____________________________________________________________

Address: __________________________________________________________

____________________________________________________________________

Phone number: ___________________________ E-mail __________________________

1. Are you a Saint Francis University employee? □ Yes □ No
   If yes, what is your job title? __________________________________________
   Department ___________________________ Work Phone: _____________________

2. Are you a Saint Francis University student? □ Yes □ No
   If yes, are you full time or part time? □ Full time □ Part time

3. On which date did the alleged incident of discrimination or harassment take
   place: ____________________________
   If this has been an ongoing problem or there have been multiple incidents, please
   indicate the time frame of the alleged discrimination or harassment:
   Earliest date: _____________________ Latest Date: _________________________

4. Identify the person or persons against whom your allegations are made, their working
   relationship to you (supervisor, professor, co-worker, student, etc.) and their work or
   classroom location.
      ______________________________________________________________________
      ______________________________________________________________________
      ______________________________________________________________________

5. Describe the nature of your complaint, the incident(s) or event(s), date(s), time(s), and
   place(s) of the alleged discrimination or harassment. Attach additional pages if necessary.
      ______________________________________________________________________
      ______________________________________________________________________
      ______________________________________________________________________

6. Identify others who may have observed or witnessed the incident(s) that you described.
   Include name, address, telephone number, and position.
      ______________________________________________________________________
7. Identify others you believe may have experienced the same situation. Include name, address, telephone number, and position.

8. Do you have any documents or other evidence that support your allegation? If yes, please list and include copies with this form.

To be filled out by the person who received the initial complaint:

Name: __________________________________________ Location: __________________________

Date: ____________________________ Location: __________________________

Did you fill out this form on behalf of the complainant?  □ Yes  □ No

Did you refer the complainant to medical or psychological services?  □ Yes  □ No

If so, to whom? ________________________________________

__________________________  __________________________
Were you able to verify that the complainant made use of these services?  □ Yes  □ No

Signature  Date

To be filled out by the complainant:

I certify that to the best of my knowledge, the information I have submitted is accurate.

Signature  Date