

**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.

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7. Identify others you believe may have experienced the same situation. Include name, address, telephone number, and position.

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

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

Name: \_\_\_\_\_

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? \_\_\_\_\_

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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