Office of Institutional Equity
Prohibited Discrimination Complaint Form

Name: ____________________________________________ Date: __________________________

Department: ____________________________ Office Phone: ____________________________

Address: ________________________________________________________________

(Street)                                           (City)                                         (State)                                  (Zip)

Home Phone: ____________________________ Cell Number: ____________________________

Email Address: ______________________________________________________________

Date of Incident(s): ____________________________ Location of Incident(s): ____________________________

Indicate your status with WMU: Faculty______ Staff/Admin______ Student______ Other______

Basis of complaint? Age___ Disability____ Race____ Sex/Gender____ Veteran Status____ Other_____

Statement of Complaint

Please state as clearly as you can the nature of your complaint, the facts upon which your complaint is based, and the action you are seeking to resolve your complaint.

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(Please attach additional sheets if necessary)

Complainant’s Signature: ____________________________

Completed form should be returned to the Office of Institutional Equity, Western Michigan University, 1220 Trimpe, Kalamazoo, MI 49008-5405, (269) 387-6316 (or) attach to email and send to: oie-info@wmich.edu