# Protected Status Complaint Form

Georgia Southwestern State University (GSW) is committed to providing an environment that is free of unlawful harassment. Notification to the University is an essential tool in preventing harassment within the campus community. Retaliation against those who oppose the practices prohibited by the Board of Regents, University System of Georgia, and Georgia Southwestern State University. Similarly, the University prohibits employees from hindering its internal investigations or its internal complaint procedure.

**Please provide detailed information regarding the incident you are reporting.**

* Denote required fields

## Background Information

Your Full Name:

Your position/ title

Your phone number

Your email address

Your physical address

BANNER ID Number

Date of incident*

Approximate time of incident*

Location of incident*

## Involved Parties

Please list the individuals involved (excluding yourself), including as many of the listed fields as you can provide.

Name or organization*

Role [Witness, Respondent, Alleged Complainant]*

BANNER ID Number

Phone Number

Email Address

Residence Hall/ Address

## Questions

Name of person you believe discriminated against/ harassed you or another person:*

Select applicable protected category*

| | |
|---|---|
| | Age |
| | Disability |
| | Ethnicity |
| | Gender |
| | Genetic Information |
| | National Origin |
| | Race/Color |
| | Religion |
| | Retaliation |
| | Veterans Status |

If the alleged incident was directed at a person other than you, please identify the other person:*

Please describe as clearly as possible what happened, including what was said and what, if any, physical contact occurred. Please attach additional documentation, if needed.*

Please indicate the number of times the incident(s) occurred.*

Please describe how you or the person at whom the incident was directed responded or reacted to the incident, including what was said.*

Was this incident reported to Law Enforcement? If so, which agency? *

Please provide any other information that you believe will assist in investigating this incident.

By my signature below, I confirm that I am submitting this report in good faith and the information provided above accurately reflects my recollection of the incidents related to my complaint.

| | |
|---|---|
| Signature | Date |