
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 People and Culture 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:

- | | |
|---|--|
| <input type="checkbox"/> Age | <input type="checkbox"/> Gender Identity/Gender Expression |
| <input type="checkbox"/> Race/Color | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Ethnicity/National Origin/Ancestry | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Sex/Gender (including pregnancy) | <input type="checkbox"/> Genetic Information |
| <input type="checkbox"/> Sexual Harassment* | <input type="checkbox"/> Veteran Status |
| <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Retaliation |

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, 4/23