
Witnesses:

Please list any and all individuals who were in a position to witness any of the alleged act(s) or may have other relevant information.

<u>Name</u>	<u>Address</u>	<u>Telephone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other Proceedings:

Have you initiated a court action or filed a charge related to the facts of this complaint with any local, state and/or federal agency?

Yes _____ No _____

If yes, please attach a copy of your charge or complaint to this document.

My signature certifies that all information provided on this form and supporting documentation is true and correct.

Complainant's Signature

Date

Receipt of Complaint Form
Acknowledged by:

Date

My signature acknowledges receipt of the Hofstra University Harassment Policy from the Equal Rights and Opportunities Officer.

Complainant's Signature

Date