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**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