

**Department of Communication Sciences and Disorders  
University of North Carolina at Greensboro  
Discrimination and Harassment Complaint Form**

**Name of person filing complaint:** \_\_\_\_\_

**Date of incident:** \_\_\_\_\_

**Name of alleged offender:** \_\_\_\_\_

**Nature of Complaint:**

\_\_\_ Discrimination

\_\_\_ Harassment

\_\_\_ Other (please specify): \_\_\_\_\_

**Instructions:**

**Students** should file their complaint with the Chair of the Department of CSD. If the Chair is the alleged perpetrator of the offending behavior, complaints should be registered with the Office of the Dean of the School of Health and Human Sciences.

**Clients** should file their complaint with the Director of the UNCG Speech and Hearing Center. If the Director is the perpetrator of the offending behavior, complaints should be registered with the Chair of the Department of Communication Disorders.

**Staff and faculty members** should file their complaint with the Chair of Department of CSD. If the Chair is the alleged perpetrator of the offending behavior, complaints should be registered with the Office of the Dean of the School of Health and Human Sciences.

**Description of the event:** Please describe the issue. Include the date(s) of the offending act(s), the alleged offender(s) and your response. Indicate the length of the offending behavior (e.g., was there one isolated instance of the behavior or were there a series of behaviors over a period of time?). If you have any documentation of the incident, please include with this report.

Did you speak with the alleged offender regarding the alleged behavior? If so, what was the response?

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Administrative Actions Taken to Address This Complaint

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Printed name of person registering this complaint

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Signature of persons registering this complaint

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Date

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Printed Name of Administrator taking action on this complaint

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Signature of Administrator taking action on this complaint

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Date