



**AR 112 - Discrimination Complaint Form**

Name of complainant \_\_\_\_\_

Where did or is the incident(s) occur (ring) (building, grounds)? \_\_\_\_\_

\_\_\_\_\_

When did or is the incident(s) occur(ring)? Date \_\_\_\_\_ Time \_\_\_\_\_

Was or is anyone else present at the time the incident(s) occurred or is occurring? \_\_\_\_\_

\_\_\_\_\_

Who was or is involved in the incident(s)? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What happened or is happening (nature of complaint)? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How does compliant want the incident(s) or complaint resolved? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of person providing information for the form \_\_\_\_\_

Name of person completing form \_\_\_\_\_ Date \_\_\_\_\_

Signature of complainant \_\_\_\_\_ Date \_\_\_\_\_

