

DISCRIMINATION COMPLAINT FORM

SMU students, staff, faculty, applicants, all other members of the SMU community, and visitors participating in the educational activities or programs of the University may use this form to file a complaint of discrimination on a protected basis including race, color, religion, national origin, sex, age, disability, genetic information, veteran status, sexual

NATURE OF VIOLATION (Check all that apply)

<input type="checkbox"/>	Race	<input type="checkbox"/>	Sex*	<input type="checkbox"/>	Veteran Status
<input type="checkbox"/>	Color	<input type="checkbox"/>	Age	<input type="checkbox"/>	Sexual Orientation
<input type="checkbox"/>	Religion	<input type="checkbox"/>	Disability	<input type="checkbox"/>	Gender Identity and Expression
<input type="checkbox"/>	National Origin	<input type="checkbox"/>	Genetic Information	<input type="checkbox"/>	Retaliation

*Sex includes discrimination on the basis of gender, sexual harassment, sexual assault, dating violence, domestic violence, and stalking.

COMPLAINT Describe the incident(s) including dates, times, and locations.

RESOLUTION Please state or describe the remedy/resolution you are seeking.

By submitting this form, I certify that the information provided is true and accurate to the best of my knowledge. I understand that making a false complaint is a violation of University policy and can result in sanctions.

Printed Name of Submitter

Signature

Date

Please email this form and relevant documents to accessequity@smu.edu. is

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