(Report Form) Date: _____ Name of reporter: Address: Phone: _____ Summary of alleged unlawful discrimination or harassment: Name(s) of individual(s) allegedly engaging in prohibited conduct: Date(s) alleged prohibited conduct occurred: Name(s) of witness(es) to alleged prohibited conduct: If others are affected by the possible unlawful discrimination or harassment, please give their names: Your suggestions regarding resolving the report: Please describe any corrective action you wish to see taken with regard to the alleged unlawful discrimination or harassment. You may also provide other information relevant to this report. Signature of reporter Date Signature of person receiving report Date

September

October

10,

30,

2012

File: AC-E-2 - Nondiscrimination/Equal Opportunity

Issued:

Revised:

Revised: September 21, 2020