INCLUSION, DIVERSITY, EQUITY, & ACCESS
DISCRIMINATION COMPLAINT PROCESSING FORM

Please print legibly and file completed form with the Office of Inclusion, Diversity, Equity & Access (IDEA) located at 11200 SW 8th Street, PC 321, Miami, Florida 33199. Our office can be reached at (305) 348-2785. You may also email it to us at idea@fiu.edu.

Last Name: ___________________________________________ First Name: ___________________________

Mailing Address:________________________________________________________________________________________

City, State Zip: __________________________________ E-mail: ________________________________________________

Mobile #: __________________________ Home Phone #: __________________________ Office #: __________________________

Division: __________________________________________ Department: ____________________________________________

Title: __________________________________________ Employee/Panther ID: __________________________

University Address - Campus: __________________________ Location: ____________________________________________

Classification: ☐ Faculty ☐ Administrative ☐ Staff ☐ Temporary ☐ Other

Sex: ☐ Female ☐ Male ☐ Other Ethnicity: ☐ Asian ☐ Black/African American ☐ Hispanic ☐ Native American ☐ White

Have you filed a federal complaint with the following agencies within the last two years? Check all that apply:
☐ EEOC ☐ FHRC ☐ OCR ☐ OFCCP

Have you filed a federal complaint with the following agencies within the last two years? ☐ Yes ☐ No

Basis of Discrimination: ☐ Age ☐ Disability ☐ Marital Status ☐ National Origin ☐ Race ☐ Retaliation
☐ Sex/Gender ☐ Sexual Harassment ☐ Sexual Orientation ☐ Other

Name of person who you believe discriminated against you: ________________________________________________

Person’s Title: __________________________________________ Dates of Discriminatory Action: ______________________

Explain why you feel you have been discriminated against:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Complainant’s Signature: __________________________________________ Date Filed: ____________________________