

FAYETTEVILLE STATE UNIVERSITY

INFORMAL EEO COMPLAINT FORM

This form will provide preliminary information to assist in the initial review of your complaint.

(Please provide completed form to Kay Faircloth, Associate Director Human Resources at <mailto:jfaircl6>)

Name:		
Home Address:		City:
State:	Zip:	Home Phone:
Location/School/Division/College:		
Please select your current status:		
<input type="checkbox"/> EHRA Non-Faculty	<input type="checkbox"/> EHRA Faculty	<input type="checkbox"/> SHRA <input type="checkbox"/> Temporary
Type of Unlawful Action:	<input type="checkbox"/> Discrimination	<input type="checkbox"/> Harassment <input type="checkbox"/> Retaliation
In your own words, briefly describe what happened to you that you believe to be discriminatory. Use additional pages as needed. Please print clearly or type.		
What remedy or resolution are you seeking?		

Complainant Name (Print)

Complainant Signature

____/____/____
Date

EEO Representative Name (Print)

Signature

____/____/____
Date of Receipt