

**ANGELO STATE UNIVERSITY**  
**DISCRIMINATION COMPLAINT FORM**  
(Read and complete carefully)

Office of Human Resources  
2601 West Avenue N  
ASU Station #11009  
San Angelo, Texas 76904  
325-942-2168

1. Complainant: \_\_\_\_\_

Address: \_\_\_\_\_

City or County, State, and Zip Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_ Day Telephone: \_\_\_\_\_

2. Department or individual that you believe committed the act(s) of discrimination:

Dept. \_\_\_\_\_

Individual: \_\_\_\_\_

If different, agency at which you are employed: \_\_\_\_\_

3. Complainant was discriminated against because of (check all categories in **a** through **k** that apply to the act(s) of discrimination):

a. \_\_\_\_\_ **Race or Color** (Please check the racial or ethnic group with which you identify.)

\_\_\_\_\_ **White (Not of Hispanic Origin)** – A person having origins in any of the original peoples of Europe, North Africa or the Middle East.

\_\_\_\_\_ **Black (Not of Hispanic Origin)** – A person having any origins in any of the Black racial groups of Africa.

\_\_\_\_\_ **Asian or Pacific Islander** – A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. The areas include, for example, China, Japan, the Philippine Islands, and Samoa.

\_\_\_\_\_ **Hispanic** – A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

\_\_\_\_\_ **American Indian or Alaskan Native** – A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

b. \_\_\_\_\_ **Gender** (Please indicate gender.)

male \_\_\_\_\_ female \_\_\_\_\_

c. \_\_\_\_\_ **Sexual Harassment**

d. \_\_\_\_\_ **Retaliation**

e. \_\_\_\_\_ **Disability** (Specify the name of your disability and/or provide a brief description of its symptoms.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

f. \_\_\_\_\_ **Age** (Please indicate your age.) \_\_\_\_\_

g. \_\_\_\_\_ **National Origin** (Please indicate your national origin.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

h. \_\_\_\_\_ **Religion** (Please indicate your religion or religious beliefs.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

i. \_\_\_\_\_ **Sexual Orientation**

j. \_\_\_\_\_ **Veteran's Status**

k. \_\_\_\_\_ **Political Affiliation** (Please indicate affiliation.)

\_\_\_\_\_

4. When did the act(s) of discrimination occur? \_\_\_\_\_

Date(s)

5. Briefly describe the act(s) of discrimination:  
(Please include names, telephone numbers, and job titles of all persons involved in the discriminatory acts you describe.)

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(Additional sheets may be attached.)

6. What relief are you seeking? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Have you filed a grievance concerning this matter? Yes \_\_\_\_ No \_\_\_\_  
If "yes," please provide a copy of the grievance and all associated documents. Briefly explain the status of the grievance.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Has this complaint been filed with any other Federal, State, or local investigative agency?  
Yes \_\_\_\_ No \_\_\_\_ If "Yes," complete **a-c** below.  
a. Agency: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
b. Address: \_\_\_\_\_ City, State, and Zip Code: \_\_\_\_\_  
c. Telephone Number: \_\_\_\_\_ Date Filed: \_\_\_\_\_

9. Have you filed a lawsuit concerning this complaint in Federal or State court?  
Yes \_\_\_\_ No \_\_\_\_ If "Yes," complete **a** and **b** below.  
a. Name of Court: \_\_\_\_\_  
b. Case Docket Number: \_\_\_\_\_

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I affirm that the above information is true to the best of my knowledge, information, and belief. I also understand and give my permission to the Office of Human Resources to have access and collect information from all personnel records, including medical records, deemed necessary to investigate this case.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FILING A DISCRIMINATION COMPLAINT WITH THE ASU OFFICE OF HUMAN RESOURCES DOES NOT PRECLUDE THE COMPLAINANT FROM FILING WITH THE FEDERAL EQUAL EMPLOYMENT OPPORTUNITY COMMISSION OR OTHER AGENCIES.**

**Retaliation is strictly prohibited against a person who files a complaint of discrimination or harassment, opposes a charge, or testifies, or assists or participates in an investigative proceeding or hearing.**