

FAIR PRACTICES COMPLAINT FORM

This complaint form is to be utilized for reporting conduct that is believed to be a violation of Salisbury University's Fair Practices policies.

1. COMPLAINANT— Person who alleges the violation of Fair Practices policies

RESPONDENT (s) (i)-1 8 9r3 0 Tc 0 Tw 23.12.229 0 1.

Last Name

First Name

Primary Role on Campus: Faculty Student Third Party Staff Other, please state:

Position / Title

School / Dept.

Home Address

City State Zip Code

Phone Number

Email

3. ADVERSE ACTION AGAINST: ~~YOL~~date action(s)

I believe that I have been subjected to a discriminatory practice because (if necessary, attach additional sheets)

6. RELIEF SOUGHT What remedy(es) do you seek