



# Rensselaer

## Complaint Form

### Discrimination, Discriminatory Harassment, Retaliation and/or Unethical Conduct against Faculty/Staff

Please provide the requested information so that the Rensselaer may investigate and resolve your complaint. You are not limited to the space provided and may attach additional pages. Once you have completed this form, you may provide the form to your Portfolio Leader and provide a copy of the form to the Division of Human Resources at [hrmail@rpi.edu](mailto:hrmail@rpi.edu).

Name \_\_\_\_\_ Title \_\_\_\_\_

Department/Location \_\_\_\_\_ Supervisor \_\_\_\_\_

- A. Complaint(s) – Please describe your complaint(s), including the name of the person(s) about whom you are complaining. If your complaint involves specific comments, please include a description of the comments.
  
- B. Related Material – Please list, and if possible, provide copies of, any emails, text messages, letters, notes, memos, diary entries, calendars, reports, or other items that relate to your complaint(s):
  
- C. Persons with Information – Please list any individuals who you believe may have information about your complaint(s):
  
- D. Prior Report(s) – Have you reported your concerns to anyone else at the Institute? If so, please provide the name and position of the person to whom you reported the concerns, and the date of the report.

**I understand that if I become aware of additional information that relates to my complaint, I must promptly provide such information to the Rensselaer Division of Human Resources. I also am aware that Rensselaer prohibits retaliation against me for filing this complaint, and I agree that I will immediately report any incident I believe is retaliatory using the procedures for reporting retaliation of the Institute.**

\_\_\_\_\_  
Reporter's Signature

\_\_\_\_\_  
Date completed

### Rensselaer Acknowledgment of Receipt of the Complaint Form

\_\_\_\_\_  
Portfolio Leader's Signature

\_\_\_\_\_  
Date Form Received

\_\_\_\_\_  
Division of HR Representative's Signature

\_\_\_\_\_  
Date Form Received