INDIANA TECH
External Complaint Registration Form

Nature of complaint:

_____ Financial	____ Discrimination
_____ Academic	____ Inappropriate Communication
_____ Athletic	____ Unfair Treatment
_____ Verbal/Physical Assault	____ Retaliation/Harassment
_____ Drug/Alcohol	____ Other_____

Employees or students wishing to file a complaint, please refer to internal procedures in order to do so.

Description of complaint:_____

_____

_____

Individuals involved/present:_____

_____

_____

Date of incident:_____

Location of incident:_____

_____

Actions completed to address complaint, if any_____

_____

Desired resolution:_____

_____

_____

Submitted by: (Please print)

Name_____

Address_____

Phone_____e-mail_____

Signature_____Date_____

Upon completion, please submit this form to: Human Resources, 1600 E. Washington Blvd. Fort Wayne, IN 46803

Forms received with any incomplete fields will not be accepted, nor will the originator receive a response.