



## Discrimination Reporting Form

### Contact Information

Today's Date:	Name:
Email Address:	Phone:

### Incident Details

Date of Incident or Began to Feel Uncomfortable:	
Individual(s) Involved: Briefly describe what has occurred or is occurring. Attach additional sheets if necessary:	
Have you attempted to communicate your feelings to the individual(s) involved? If you have, please be as specific as you can in describing the communication. If it was written communication, please provide a copy.	

### Resolution

If appropriate, would you like to have a mediation meeting scheduled between you and the individual(s) involved or discuss other informal resolutions? _____ <b>Yes</b> _____ <b>No</b>
What solutions can you see for this situation?

### Authorization to Investigate

By signing this form, I confirm that the above statements are true and that I am requesting intervention by the Office of Student Affairs and/or Human Enrichment. I also acknowledge that MUIH, where appropriate as determined by MUIH, may refer my report to the Title IX Coordinator for investigation.	
Signature: _____	Date: _____
Please indicate if you would like to speak with an administrator about pursuing a complaint confidentially. <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	