



**Office of Institutional
Equity/EEO**
 MSC 3515
 New Mexico State University
 P.O. Box 30001
 Las Cruces, NM 88003-8001
 575-646-3635, fax: 575-646-2182
equity@nmsu.edu nmsu.edu/~eeo

INTERNAL DISCRIMINATION COMPLAINT FORM

NMSU is dedicated to providing equal employment opportunities in all areas of occupation without regard to age, ancestry, color, disability, EEO-based retaliation, gender identity, genetic information, national origin, race, religion, serious medical condition, sex, sexual orientation, spousal affiliation, or veteran status. This dedication extends to recruiting and hiring, promotion, and other personnel actions such as compensation, benefits, transfers, layoffs, termination, training, education, tuition assistance, social and recreational programs. NMSU's comprehensive affirmative action program supports this effort.

COMPLAINANT INFORMATION

NAME				BANNER ID	
ADDRESS					
CITY		STATE		ZIP CODE	

**UNLESS OTHERWISE INSTRUCTED,
ALL CORRESPONDENCE WILL BE MAILED TO THE ABOVE ADDRESS**

WORK PHONE		HOME PHONE	
CELL PHONE		EMAIL	
DEPARTMENT			
POSITION			
<input type="checkbox"/> Faculty	<input type="checkbox"/> Staff	<input type="checkbox"/> Student	
<input type="checkbox"/> Applicant	<input type="checkbox"/> Other		

PARTY CHARGED INFORMATION **If you are charging more than one party in your complaint, please submit a separate complaint for each party that you are charging.**

NAME			
DEPARTMENT			
POSITION			

CAMPUS LOCATION
 Example: Las Cruces, DACC, Grants, etc.

I WAS DISCRIMINATED AGAINST BECAUSE OF (please check those protected categories that apply)
 For protected category definitions visit our website: www.nmsu.edu/~eeo under tab Discrimination Grievance Procedures.

<input type="checkbox"/> Age	<input type="checkbox"/> EEO-based retaliation*	<input type="checkbox"/> race	<input type="checkbox"/> sexual orientation
<input checked="" type="checkbox"/> ancestry	<input type="checkbox"/> gender identity	<input type="checkbox"/> religion	<input type="checkbox"/> spousal affiliation
<input type="checkbox"/> color	<input type="checkbox"/> genetic information (GINA)	<input type="checkbox"/> serious medical condition	<input type="checkbox"/> protected veteran status
<input type="checkbox"/> disability	<input type="checkbox"/> national origin	<input type="checkbox"/> sex (includes: sexual misconduct, harassment or violence)	

*attributed to filing complaint of discrimination, participating in an investigation, opposing discriminatory practices or exercising other rights under discrimination laws.

DATE OF ALLEGED DISCRIMINATION INCIDENT	
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STATEMENT OF DISCRIMINATION (describe the incident completely and accurately)
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You may attach additional sheets of paper to complete the following sections.

STATEMENT OF HARM (explain what was lost or how you were harmed)

REASONABLE REMEDY REQUESTED

The information contained on this form is true and correct to the best of my knowledge. I understand that complaint does not affect any other rights I may have under state or federal law.
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Signature (PLEASE SIGN AND DELIVER TO OIE OFFICE)	Date
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