

NEW MEXICO STATE UNIVERSITY  
Office of Institutional Equity  
P.O. Box 30001, MSC 3515  
Las Cruces, New Mexico 88003-8001  
Office: (575) 646-3635  
Fax: (575) 646-2182

**INTERNAL DISCRIMINATION COMPLAINT FORM**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

(Unless otherwise instructed, all correspondence will be mailed to the above address)

Phone (work): \_\_\_\_\_

Phone (home): \_\_\_\_\_

Phone (cell): \_\_\_\_\_

E-mail: \_\_\_\_\_

Department: \_\_\_\_\_

Position: \_\_\_\_\_

Faculty     Staff     Student     Applicant     Other \_\_\_\_\_

Party Charged: \_\_\_\_\_

Department: \_\_\_\_\_

I was discriminated against because of (please check those that apply):

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> age                     | <input type="checkbox"/> gender identity           | <input type="checkbox"/> sex                 |
| <input type="checkbox"/> ancestry                | <input type="checkbox"/> national origin           | <input type="checkbox"/> sexual orientation  |
| <input type="checkbox"/> color                   | <input type="checkbox"/> race                      | <input type="checkbox"/> spousal affiliation |
| <input type="checkbox"/> disability              | <input type="checkbox"/> religion                  | <input type="checkbox"/> veteran status      |
| <input type="checkbox"/> EEO-based retaliation * | <input type="checkbox"/> serious medical condition |  |

\*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:** \_\_\_\_\_

(You may attach additional sheets of paper to complete the following sections).

**Statement of alleged discrimination** (describe the incident completely and accurately):

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**Statement of harm** (explain what was lost or how you were harmed):

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**Remedy requested:**

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**The information contained on this form is true and correct to the best of my knowledge. I understand that this complaint does not affect any other rights I may have under state or federal law.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**For Office Use Only:** **Internal Case Number:** \_\_\_\_\_

**Received by:** \_\_\_\_\_ **Date:** \_\_\_\_\_