



DISCRIMINATION/HARASSMENT COMPLAINT FORM

Name of person filing complaint (Complainant): _____

Status: Student Faculty Staff Administrator External/Non-Campus

Address: _____

Phone: _____ Email: _____

TYPE OF COMPLAINT: Discrimination Harassment Retaliation _____

BASIS OF COMPLAINT:

- | | | |
|--------------------------------|--|--|
| <input type="checkbox"/> Race | <input type="checkbox"/> Age | <input type="checkbox"/> Reliance on Public Assistance |
| <input type="checkbox"/> Sex | <input type="checkbox"/> National Origin | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Color | <input type="checkbox"/> Disability | <input type="checkbox"/> Membership/Activity in Local Commission |
| <input type="checkbox"/> Creed | <input type="checkbox"/> Religion | |

Name of the person you are complaining about (Respondent): _____

Status: Student Faculty Staff Administrator External/Non-Campus

Please describe the action or incident that caused you to file this complaint. Include date, time place, witnesses (if any). Attach additional sheets if necessary. Attach documents you believe may be helpful in investigating your complaint.

How have you tried to resolve this complaint? When? With whom?

Have you informed any other college employee or filed any other complaint with another department with regards to this matter? Explain.

How would you like to see this situation resolved?

Complainant's Signature: _____ Date: _____