

**AFFIRMATIVE ACTION DISCRIMINATION COMPLAINT FORM – PAGE 2**

F. Description of Complaint - please list the sequence of events, including dates, if possible, and any relevant facts and statements:

(If additional writing space is needed, please attach additional sheets)

**To the best of my knowledge and belief, the above information is complete, true and accurate and not a “false charge” as defined under this Policy. I hereby submit this complaint under the College’s Affirmative Action Complaint Procedure.**

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**Signature of Complainant & Date**

Received by (College Official's name/title):

Date Received: _____
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