## APPENDIX A - DISCRIMINATION COMPLAINT FORM

### DISCRIMINATION COMPLAINT FORM

The purpose of this form is to record information required to initiate an investigation into an alleged violation of the College's Policy on Affirmative Action (PAA). All reasonable efforts will be made to maintain the confidentiality of the parties involved during the complaint procedure in accordance with the PAA.

Retaliation against a student, employee or any other person in the College for filing a complaint or for cooperating in an investigation of a complaint is strictly prohibited. All parties to a complaint may have an advisor (for union employees this may be a union representative) assist them throughout the process.

Date Filed:_____ Date(s) of Alleged Discrimination:_____

A. Name (Print):_____

B. Check One: Student:_____ Employee:_____ Other: _____

Program/Department:_____

C. Type of Prohibited Conduct (please check applicable category(ies):

___ Discrimination
___ Discriminatory Harassment
___ Retaliation
___ Sex-Based Harassment

D. Type of alleged discrimination or harassment (please check applicable category(ies)):

**Protected Classes:**
___ Race/Color
___ National Origin
___ Age
___ Disability
___ Genetic Information
___ Religion/Creed
___ Veteran Status

Other: _____

**Sex-Based Harassment**:
___ Pregnancy or Related Conditions
___ Sex
___ Gender Identity
___ Sexual Orientation
___ Sex Characteristics
___ Sex Stereotypes
___ Other Sex-Based Claim (☐ *quid pro quo* harassment, ☐ hostile environment harassment, ☐ sexual assault, ☐ dating violence, ☐ domestic violence, ☐ stalking)

∗Please see the PAA for definitions of above terms

E. Name of individual(s) you believe discriminated against you: _____

F. List any witnesses:_____

G. Description of Complaint - please list the sequence of events, including dates, if possible, and any relevant facts and statements to support your complaint of discrimination:

(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 complaint" as defined under this Policy. I hereby submit this complaint under the College's Complaint Procedure.**

_____
Signature of Complainant and Date

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

Date Received: _____

Date of Dismissal (Screen Out)/No Dismissal (Screen In) Determination: _____