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 Non-Discrimination Policy.

This complaint form should not be used for Title IX Sexual Harassment (ex. sexual violence, unwanted sexual conduct, *quid pro quo* harassment by an employee), which is covered by the Title IX Sexual Harassment Formal Complaint Process and requires a live hearing.

All reasonable efforts will be made to maintain the confidentiality of the parties involved during the complaint procedure.

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 (except Title IX)

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

___ Veteran Status
___ Race/Color
___ National Origin
___ Age
___ Disability
___ Genetic Information
___ Religion/Creed
___ Pregnancy or Related Conditions
___ Parental Status
___ Gender Identity
___ Sexual Orientation
___ Sex Characteristics
___ Sex Stereotypes
Other: _____

∗Please see the Plan (pg.15) for definitions of above terms

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

F. List any witnesses to the alleged discriminatory conduct and the nature of the information they can provide:

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 Discrimination 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: