

Procedure Type: District

Procedure Title: Grievance Form for Complaints of Illegal Discrimination or Sexual Harassment

Whom Does this Procedure Affect: All District Staff

Purpose: The purpose of this procedure is to provide individuals with a form for use in filing a complaint of illegal discrimination or sexual harassment.

Before completing this form, you should read the College's procedures for filing a complaint of illegal discrimination or sexual harassment, Procedure 1.65(a). If you have any questions about the procedures or this grievance form, you should contact the Director of Human Resources, the College's Compliance Officer.

All sections of the grievance form must be completed, including the signature. If additional writing space is needed for any section, you may write on the reverse side of this form or attach additional sheets.

1. Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_ ZIP \_\_\_\_\_

\_\_\_\_\_ MCCC Student

\_\_\_\_\_ MCCC Employee

2. Nature of Complaint: \_\_\_\_\_ Discrimination \_\_\_\_\_ Harassment

3. Type of alleged discrimination/harassment

\_\_\_\_\_ Race \_\_\_\_\_ Religion \_\_\_\_\_ Age \_\_\_\_\_ National Origin or Ancestry

\_\_\_\_\_ Gender \_\_\_\_\_ Disability \_\_\_\_\_ Gender Identity/Expression

\_\_\_\_\_ Marital Status \_\_\_\_\_ Sexual Harassment \_\_\_\_\_ Veteran Status \_\_\_\_\_ Sexual Orientation

\_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Other (please specify) \_\_\_\_\_

4. Summary of complaint, including a description of what happened and any other information which you believe is relevant and will help the college in its investigation of the complaint.

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5. Date(s) and place(s) of complaint \_\_\_\_\_

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6. Who discriminated against you or sexually harassed you?

\_\_\_\_ MCCC Student Name \_\_\_\_\_

\_\_\_\_ MCCC Employee Name \_\_\_\_\_

7. Were there any witnesses? If yes, please identify

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8. Please describe what action, if any, has been taken thus far? (For example, have you discussed the matter informally with the Director of Human Resources or the Vice President of Enrollment Management and Student Success, has there been any attempt at mediation, etc.?)

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\_\_\_\_\_  
Signature of Complainant      Date

\_\_\_\_\_  
Person Receiving Grievance      Date

\_\_\_\_\_  
Name of Complainant (print)