

Procedure Type: District  
 Procedure Title: DISCRIMINATION AND HARASSMENT COMPLAINT FORM  
 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 harassment.

The Executive Director of Human Resources will process the complaint.	I am filing this complaint as a: check one: (v) <input type="checkbox"/> Anonymous <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Student
	Name
	Department (if applicable) School (if applicable)
	Cell Phone:
	Email Address:
	Employee ID Student ID
Have you brought this matter to the attention of any other department(s) at the College? If so, please list the name(s) and department(s) of all other persons with whom you have discussed this matter.	
Discrimination or Harassment Complaint based on: Check all that apply (v) <input type="checkbox"/> Race <input type="checkbox"/> National Origin <input type="checkbox"/> Color <input type="checkbox"/> Sex (including, but not limited to, sexual orientation, gender identity, gender expression sex characteristics, and/or pregnancy) <input type="checkbox"/> Disability <input type="checkbox"/> Religion <input type="checkbox"/> Age <input type="checkbox"/> Height <input type="checkbox"/> Weight <input type="checkbox"/> Marital Status <input type="checkbox"/> Familial Status <input type="checkbox"/> Partisan considerations <input type="checkbox"/> Veteran Status <input type="checkbox"/> Genetic Information <input type="checkbox"/> Bullying	

**Complaint:** Describe your complaint. Please summarize below and attach additional pages describing your complaint if necessary.

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Name of person or persons you believe committed the offense against you and how you have contact with them, e.g. supervisor, co-worker, faculty, customer.

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Describe the corrective action you are seeking. Attach additional pages if necessary.

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For retaliation complaints, please explain why you believe someone retaliated against you:

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**Witnesses** (The relationship information requested means co-worker, supervisor, student, faculty, community member, etc.)

1.	Relationship	Telephone
2.	Relationship	Telephone
3.	Relationship	Telephone

**I certify the aforementioned is true and correct.**



Your signature \_\_\_\_\_ Date \_\_\_\_\_

**For the Executive Director of Human Resources and/or Designee**

**Complaint taken by**

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_