AFFIRMATIVE ACTION 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 Affirmative Action Policy. All reasonable efforts will be made to maintain the confidentiality of the parties involved during the complaint procedure in accordance with the Affirmative Action Policy.

It is unlawful to retaliate against a student, employee or any other person in the College for filing a complaint or for cooperating in an investigation of a complaint. All parties to a complaint may have a personal 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: □

          Department/Division: __________

C. Type of alleged discrimination or act:

       □ Race/Color        □ Religion/Creed        □ Age
       □ National Origin   □ Gender              □ Disability
       □ Sexual Harassment □ Sexual Orientation    □ Genetic Information
       □ Maternity Leave   □ Gender Identity      □ Military Service
       □ Retaliation        □ Sexual Violence       Other: ______

D. Name of individual(s) you believe discriminated against you: _______

E. List any witnesses: __________________________________________

______________________________________________________________
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 Section D II. Of this Policy and I hereby submit this complaint under the College’s Affirmative Action Complaint Procedure.

__________________________________________
Signature of Complainant

Received by the Affirmative Action Officer on: ________________________________