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 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:_________

Department/Division:__________________________________________________________

C. Type of alleged discrimination or act (please check applicable category):

- Race/Color
- National Origin
- Sexual Harassment*
- Maternity Leave
- Retaliation
- Religion/Creed
- Gender
- Sexual Orientation
- Gender Identity
- Disability
- Genetic Information
- Military Service
- Sexual Violence*
- Other: _________________________

*If sexual violence is alleged, specify type as defined under this Policy: _________________________

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

E. List any witnesses: __________________________________________________________

*This form is used for sexual harassment/sexual violence complaints when a Formal Complaint is not filed and the Title IX Sexual Harassment Process is not activated.
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 this Policy. I hereby submit this complaint under the College’s Affirmative Action Complaint Procedure.**

_________________________________________________________________________________

Signature of Complainant & Date

Received by (College Official’s name/title): __________________________________________________________________________

Date Received: __________________________________________________________________________