

COMPLAINT OF DISCRIMINATION, HARASSMENT, or RETALIATION

This form can be used by students, employees, and third parties to file a complaint of discrimination or harassment based on gender, gender characteristics and expression, sexual orientation, actual or perceived gender identity, status as a victim of a sexual assault, relationship violence, and/or stalking. This form can also be used by students and employees to file a complaint of retaliation. *PLEASE PRINT OR TYPE ALL INFORMATION.*

1. REPORTING/COMPLAINING INDIVIDUAL

(Indicate if you are a victim or a witness)

Name _____

Phone _____

Email _____

Campus Address _____

Status: Faculty Staff Student Other: _____

Date(s) of alleged discrimination: Month _____ Day _____ Year _____

Location of alleged discrimination: _____

Is alleged discrimination continuing? Yes No

2. Who are you alleging did this?

Name(s) _____

Status: Faculty Staff Student Other: _____

Address: _____

Telephone: _____

E-mail _____

3. Witness(es) Names and contact information (attach additional pages if needed):

4. Please check the appropriate box(es):

I have verbally reported information concerning this matter on _____(Date) to _____
(name, title, or location of individual to whom you reported the information).

I elect to utilize the informal complaint process as described in the *Procedure for Resolving Complaints of Discrimination, Harassment, and Retaliation* (SCCC Board of Trustee Policy # 3.15, Section III(B)(4)).

I elect to proceed immediately to file a formal complaint as described in the *Procedure for Resolving Complaints of Discrimination, Harassment, and Retaliation* (SCCC Board of Trustee Policy # 3.15, Section III(B)(5)).

5. Have you filed this charge with a federal, state or local government agency? If so, indicate which agency(ies).

6. Have you instituted a law suit or court action on this charge? If so, complete below.

Name of Court _____

When? _____

Lawyer name & address _____

7. Describe briefly the act which occurred and your reason for concluding that it was discriminatory (attach extra pages if necessary).

8. Describe any interim accommodations, corrective or remedial action you would like to see taken (attach extra pages if necessary).

I agree to provide such other or supplemental information that may be requested.

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

Signature: _____

Print Name: _____

Date: _____