

NOTICE OF HARASSMENT/DISCRIMINATION COMPLAINT

Directions:

If you believe that you have been unlawfully harassed/discriminated against, please fill out this form (giving as much details as possible) and return it to the Internal Complaints Committee:

PART 1

Name:

Date of Complaint:

Department/Section:

Designation:

Interviewed by:

Individual(s) who allegedly committed harassment/discrimination:

a.)

b.)

c.)

1. Describe the nature of your complaint. Include dates and the incident in as much detail as possible.

2. Your relationship to the Individual/s engaging in alleged harassment:

Supervisor

Colleague

Student

Faculty Member

Others (Specify)

3. Is there any physical evidence that supports your complaint? If so, please describe or attach a copy

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4. Have you previously complained about this or related acts of sexual harassment / discrimination to a College Supervisor, official, any agency or lawyer? If so, please identify the individual to whom you complained, the date of the complaint and the resolution of your complaint.

PART 2

5. Why do you believe this incident occurred?

6. Identify all employees/ students/ colleagues or others with knowledge of the conduct about which you are complaining:

7. Did colleagues / students /or others listed on the previous page personally observe or overhear the alleged conduct? If yes, please indicate the dates of observed/ overhead behavior.

8. Are there documents or emails which contain information supporting the occurrence described above?

9. Have you missed any work time/ class time as a result of the alleged harassment/ discrimination? If yes, please indicate the dates of absences.

10. Have you received any counseling or received medical treatment as a result of this alleged harassment? If yes, indicate dates of counseling or treatment. What is your requested remedy in this complaint?

11. Are there any other individuals you want the College to contact regarding your complaint? If so, who do you wish to be contacted and why?