COMPLAINT of DISCRIMINATION

This form is to be used by students and employees to file a complaint of discrimination based on: RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, SEXUAL ORIENTATION, VETERAN’S STATUS, AGE, DISABILITY, MARITAL OR PARENTAL STATUS OR SEXUAL HARASSMENT.

PLEASE PRINT OR TYPE:

RECEIVED BY ___________________________ DATE __________________

1. YOUR NAME________________________________ PHONE (CELL) NO. __________________________

STATUS (FACULTY, STAFF, STUDENT) __________________________

HOME ADDRESS______________________________

City________________________________ State__________ Zip Code________________

2. ALLEGED DISCRIMINATION IS BASED ON (PLEASE CHECK ALL THAT APPLY):

☐ RACE OR COLOR ☐ RELIGION ☐ NATIONAL ORIGIN ☐ SEXUAL ORIENTATION ☐ VETERAN’S STATUS

☐ SEX/GENDER ☐ AGE ☐ DISABILITY ☐ MARITAL/PARENTAL STATUS ☐ OTHER: ______

3. ALLEGED DISCRIMINATION TOOK PLACE ON OR ABOUT: MONTH_________ DAY_______ YEAR________

CHECK IF ALLEGED DISCRIMINATION IS CONTINUING ☐ YES ☐ NO

4. HAVE YOU FILED THIS CHARGE WITH A FEDERAL, STATE OR LOCAL GOVERNMENT AGENCY?

☐ YES ☐ NO

IF YES, WITH WHICH AGENCY? ___________________________ WHEN? ___________________________

5. DESCRIBE BRIEFLY THE ACT WHICH OCCURRED AND YOUR REASON FOR CONCLUDING THAT IT WAS DISCRIMINATORY (ATTACH EXTRA SHEETS IF NECESSARY).

________________________________________________________________________________________

________________________________________________________________________________________

_______________________________________________________________________________________
6. I ALLEGED THAT THE FOLLOWING INDIVIDUAL(S) ENGAGED IN DISCRIMINATORY ACTIONS AGAINST ME:

<table>
<thead>
<tr>
<th>NAME</th>
<th>COLLEGE STATUS (FACULTY, STAFF, STUDENT)</th>
<th>DEPARTMENT</th>
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By my signature below, I acknowledge that the contents of this complaint are true to the best of my knowledge.

____________________________________________  _______________________
Signature of Complaint                          Date