Monroe County Community College

GRIEVANCE FORM FOR COMPLAINTS OF ILLEGAL DISCRIMINATION OR SEXUAL HARASSMENT

Before completing this form, you should read the College’s procedures for filing a complaint of illegal discrimination or sexual harassment, Procedure 1.65(a). If you have any questions about the procedures or this grievance form, you should contact the Director of Human Resources, the College’s Compliance Officer.

All sections of the grievance form must be completed, including the signature. If additional writing space is needed for any section, you may write on the reverse side of this form or attach additional sheets.

1. Name _____________________________________ Telephone _____________________________

Address ______________________________________________________________________________

City, State ___________________________ ZIP _____________________________

_____ MCCC Student   _____ MCCC Employee

2. Nature of Complaint:

___ Discrimination   ___ Harassment

3. Type of alleged discrimination/harassment

___ Race    ___ Religion    ___ Age

___ National Origin or Ancestry    ___ Gender    ___ Disability

___ Sexual Harassment    ___ Gender Identity/ Expression    ___ Marital Status

___ Sexual Orientation    ___ Height    ___ Veteran Status

___ Weight    ___ Other (please specify) ________________________

4. Summary of complaint, including a description of what happened and any other information which you believe is relevant and will help the college in its investigation of the complaint.

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

5. Date(s) and place(s) of complaint _____________________________________________________

______________________________________________________________________________________

6. Who discriminated against you or sexually harassed you?

_____ MCCC Student Name ______________________________________________________________

_____ MCCC Employee Name _____________________________________________________________

7. Were there any witnesses? If yes, please identify

8. Please describe what action, if any, has been taken thus far? (For example, have you discussed the matter informally with the Director of Human Resources or the Vice President of Student and Information Services, has there been any attempt at mediation, etc.?)

______________________________________________________________________________________

______________________________________________________________________________________

Signature of Complainant _______ Date _______ Person Receiving Grievance _______ Date _______

Name of Complainant (print) _______________________

9-28-87; revised 10-03; revised 1-24-11; revised 4-12)