

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 _____ Gender _____ Disability
Ancestry _____ Gender Identity/ _____ Marital Status
Sexual Harassment Expression _____ Veteran Status
_____ Sexual Orientation _____ Height
_____ 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)