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