**Procedure Type:** District  
**Procedure Title:** DISCRIMINATION AND HARASSMENT COMPLAINT FORM  
**Whom Does this Procedure Affect:** All District Staff  
**Purpose:** The purpose of this procedure is to provide individuals with a form for use in filing a complaint of illegal discrimination or harassment.

| The Executive Director of Human Resources will process the complaint. | I am filing this complaint as a: check one: (V) □ Anonymous  
□ Faculty  
□ Staff  
□ Student |
<table>
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<tbody>
<tr>
<td></td>
<td>Name</td>
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</tbody>
</table>
| | Department (if applicable)  
School (if applicable) |
| | Cell Phone: |
| | Email Address: |
| | Employee ID  
Student ID |

Have you brought this matter to the attention of any other department(s) at the College? If so, please list the name(s) and department(s) of all other persons with whom you have discussed this matter.

**Discrimination or Harassment Complaint based on:** Check all that apply (V)
- □ Race
- □ National Origin
- □ Color
- □ Sex (including, but not limited to, sexual orientation, gender identity, gender expression sex characteristics, and/or pregnancy)
- □ Disability
- □ Religion
- □ Age
- □ Height
- □ Weight
- □ Marital Status
- □ Familial Status
- □ Partisan considerations
- □ Veteran Status
- □ Genetic Information
- □ Bullying
Procedure 1.65(b)

**Complaint:** Describe your complaint. Please summarize below and attach additional pages describing your complaint if necessary.

____________________________________________________________________________________________________________________________________________________________________

Name of person or persons you believe committed the offense against you and how you have contact with them, e.g. supervisor, co-worker, faculty, customer.

____________________________________________________________________________________________________________________________________________________________________

Describe the corrective action you are seeking. Attach additional pages if necessary.

____________________________________________________________________________________________________________________________________________________________________

For retaliation complaints, please explain why you believe someone retaliated against you:

____________________________________________________________________________________________________________________________________________________________________

Witnesses (The relationship information requested means co-worker, supervisor, student, faculty, community member, etc.)

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<thead>
<tr>
<th>No.</th>
<th>Relationship</th>
<th>Telephone</th>
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<tbody>
<tr>
<td>1.</td>
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<td>2.</td>
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<td>3.</td>
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I certify the aforementioned is true and correct.

Your signature

Date

For the Executive Director of Human Resources and/or Designee

Complaint taken by

Signature

Print Name

Date