Procedure 1.65(b)

Procedure Type: District

Procedure Title: Grievance Form for Complaints of Illegal Discrimination or Sexual Harassment

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 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   _____ Gender Identity/Expression
   _____ Marital Status   _____ Sexual Harassment   _____ 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 Enrollment Management and Student Success, 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; 7-12-21