

AFFIRMATIVE ACTION DISCRIMINATION COMPLAINT FORM

The purpose of this form is to record information required to initiate an investigation into an alleged violation of the College's Affirmative Action Policy. All reasonable efforts will be made to maintain the confidentiality of the parties involved during the complaint procedure in accordance with the Affirmative Action Policy.

It is unlawful to retaliate against a student, employee or any other person in the College for filing a complaint or for cooperating in an investigation of a complaint. All parties to a complaint may have a personal advisor (for union employees this may be a union representative) assist them throughout the process.

Date Filed: _____ Date(s) of Alleged Discrimination: _____

A. Name (Print): _____

B. Check One: Student: _____ Employee: _____
Department/Division: _____

C. Type of alleged discrimination or act (please check applicable category):

- | | | |
|--|---|--|
| <input type="checkbox"/> Race/Color | <input type="checkbox"/> Religion/Creed | <input type="checkbox"/> Age |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Gender | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Sexual Harassment | <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Genetic Information |
| <input type="checkbox"/> Maternity Leave | <input type="checkbox"/> Gender Identity | <input type="checkbox"/> Military Service |
| <input type="checkbox"/> Retaliation | <input type="checkbox"/> Sexual Violence* | Other: _____ |

*If sexual violence is alleged, specify type as defined under this Policy: _____

D. Name of individual(s) you believe discriminated against you: _____

E. List any witnesses: _____

