APPENDIX A - AFFIRMATIVE ACTION DISCRIMINATION COMPLAINT FORM

<u>AFFIRMATIVE ACTION DISCRIMINATION COMPLAINT FORM</u>

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 Discri	Date(s) of Alleged Discrimination:	
A. Name (Print):			
B. Check One: Student:	Employee:	<u></u>	
	Department/Division	on:	
C. Type of alleged discrimination	or act (please check applicable	le category):	
Race/ColorNational OriginSexual HarassmentMaternity Leave			
Retaliation If sexual violence is alleged, spec	Sexual Violence*	Other:Policy:	
Retaliation *If sexual violence is alleged, spec	Sexual Violence*	Other:Policy:	
Retaliation *If sexual violence is alleged, spec D. Name of individual(s) you beli	Sexual Violence* cify type as defined under this lieve discriminated against you	Other:	
Retaliation *If sexual violence is alleged, spec D. Name of individual(s) you beli	Sexual Violence* cify type as defined under this lieve discriminated against you	Other:	
Retaliation *If sexual violence is alleged, spec D. Name of individual(s) you beli	Sexual Violence* cify type as defined under this lieve discriminated against you	Other:	
Retaliation *If sexual violence is alleged, spec D. Name of individual(s) you beli	Sexual Violence* cify type as defined under this lieve discriminated against you	Other:	

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F.	Description of Complaint - please list the sequence of events, including dates, if possible, and any relevant facts and statements:		
-			
	(If additional writing space is needed, please attach additional sheets)		
acc	the best of my knowledge and belief, the above information is complete, true and curate and not a "false charge" as defined under this Policy. I hereby submit this implaint under the College's Affirmative Action Complaint Procedure.		
	Signature of Complainant & Date		
Red	ceived by (College Official's name/title):		
Da	te Received:		