APPENDIX A - AFFIRMATIVE ACTION DISCRIMINATION COMPLAINT FORM

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):

___ Race/Color  ___ Religion/Creed  ___ Age
___ National Origin  ___ Gender  ___ Disability
___ Sexual Harassment  ___ Sexual Orientation  ___ Genetic Information
___ Maternity Leave  ___ Gender Identity  ___ Military Service
___ Retaliation  ___ 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:

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________
F. Description of Complaint - please list the sequence of events, including dates, if possible, and any relevant facts and statements:

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(If additional writing space is needed, please attach additional sheets)

To the best of my knowledge and belief, the above information is complete, true and accurate and not a “false charge” as defined under this Policy. I hereby submit this complaint under the College’s Affirmative Action Complaint Procedure.

______________________________
Signature of Complainant & Date

Received by (College Official’s name/title): _________________________________

Date Received: _________________________________