

Notice of Harassment/Discrimination Complaint

Directions: If you believe that you have been unlawfully harassed/discriminated against, please fill out this form and return it to the Human Resource Office. If more space is necessary, please continue your comments on the back of this form.

Name: _____ Date of Complaint: __/__/__

Department: _____ Job Title: _____

Interviewed by: _____

Basis of Discrimination: Sex (Gender) Race Color Retaliation Age Religion
 Creed National Origin Disability Sexual Orientation
 Marital or Veteran Status or any other legally protected classification.

Individual(s) who allegedly committed harassment/discrimination:

a.) _____

b.) _____

c.) _____

1. Describe the nature of your complaint. Include dates and as much detail as possible.

2. Why do you believe this action was taken against you?

3. Identify all employees/students/or others with knowledge of the conduct about which you are complaining:

4. Did employees/students/or others listed on the previous page personally observe or overhear the alleged conduct? If yes, please indicate the dates of observed/overheard behavior.

5. Are there documents or emails which contain information supporting the occurrences described above?

6. Is there any physical evidence that supports your complaint? If so, please describe or attach a copy.

7. Have you missed any work time/class time as a result of the alleged harassment/discrimination? If yes, please indicate dates of absences.

8. Have you received any counseling or received medical treatment as a result of this alleged harassment? If yes, indicate dates of counseling/treatment.

9. Have you previously complained about this or related acts of sexual harassment/discrimination to a District supervisor or official? If so, please identify the individual to whom you complained, the date of the complaint and the resolution of your complaint.
10. What is your requested remedy in this complaint?
11. Are there any other individuals you want the District to contact regarding your complaint? If so, who do you wish contacted and why?

Acknowledgment

To investigate your complaint, it will be necessary to interview you, the alleged harasser(s), and any witnesses with knowledge of the allegations or defenses. The District will notify all persons involved in the investigation that it is confidential and that unauthorized disclosures of information concerning the investigation could result in disciplinary action, up to and including termination of employment.

The information provided in this complaint is true and correct to the best of my knowledge. I am willing to cooperate fully in the investigation of my complaint and provide whatever evidence the District deems relevant.

Signature

Date

AA Office Use Only

Date of Alleged Violation: ___/___/___

Person Filing Charge: _____

Place of Alleged Violation: _____

Employment Discrimination Under:

___ **Title VII of the Civil Rights Act of 1964** is a federal law that prohibits employers from discriminating against employees on the basis of sex, race, color, national origin, and religion.

___ **The Age Discrimination in Employment Act of 1967** prohibits **employment discrimination** against persons 40 years of **age** or older.

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Circumstances of Alleged Violation:

Printed Name of Affirmative Action Officer

Signature of Affirmative Action Officer

Date