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 Discr | Date(s) of Alleged Discrimination: | |
|---|----------------------------------|------------------------------------|--|
| A. Name (Print): | | | |
| B. Check One: Student: | Employee: | | |
| | Department/Divisi | on: | |
| C. Type of alleged discrimination | or act (please check applicab | ole category): | |
| Race/Color National Origin Sexual Harassment Maternity Leave Retaliation *If sexual violence is alleged, spec | Gender Identity Sexual Violence* | Military Service Other: | |
| D. Name of individual(s) you beli | eve discriminated against you | 1: | |
| | | | |
| E. List any witnesses: | | | |
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| 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) |
| an | the best of my knowledge and belief, the above information is complete, true and accurate d not a "false charge" as defined under this Policy. I hereby submit this complaint under College's Affirmative Action Complaint Procedure. |
| | |
| | Signature of Complainant & Date |
| Re | ceived by (College Official's name/title): |
| Da | te Received: |
| | |