

## COMPLAINT INCIDENT REPORT FORM CIVIL RIGHTS

Directions: If you believe that you have been unlawfully discriminated against, harassed, or otherwise harmed, you are required to fill out this complaint form. However, depending on the information you verbally provide, the College may be obligated to investigate even without your formal, written complaint. The College can only base its findings and take actions based on information provided by you. If more space is necessary, please continue your comments on the back of this form, or on a separate sheet of paper.

Date of Complaint: Name (Complainant):	
College: S#	
Check One: Employee Student Authorized Volunteer Guest/Visitor	
f you are not the victim, please include their name(s)	
s victim an employee, student, authorized volunteer, or guest/visitor?	
Check One: Employee Student Authorized Volunteer Guest/Visitor	
lame(s) of who you believe committed the alleged act(s):	
s person an employee, student, authorized volunteer, or guest/visitor?  Check One: Employee Student Authorized Volunteer Guest/Visitor	
Please describe the alleged incident(s), and when and where it occurred. Also, please attach any supporting ocumentation and evidence.	

Complaint Incident Report Form Continu	red-Civil Rights
<del>/</del>	
2	
Identify all individuals with knowledge o	f the conduct about which you are complaining.
Check one: YesNo	olve complaints informally. Would you be interested in attempting this process?  In all assault, the college will not allow an informal proceeding to occur.  for this complaint.
witnesses with knowledge of the allegatimay be attributed to you and could be in	it, it will be necessary to interview you, the alleged respondent(s), and any ions or defenses. The statements and the information that you are providing included in any investigative reports that are prepared. Further, it may be any hearing that may occur due to these alleged incidents.
Authorization to disclose identity of pers*Please note limiting the college's ability	son reporting incident: Yes No to disclose will affect the college's ability to respond to the complaint.
Please provide your contact information	:
Phone NumberA	Iternate Phone Number
Email	

## **Acknowledgement**

l, am willing to coope	rate fully in the investigation of my complaint and provide
	nat the information I am providing is true and correct to the
best of my knowledge. I understand that my statements a me and could be included in any investigation reports that confidential and for me to disclose any information that I interfere with the investigation. Further, I understand that	and the information that I am providing may be attributed to are prepared. I also understand that this investigation is have obtained during the course of this investigation could a discussing this investigation with Non-College Officials could I also understand that if I do not fully cooperate, decisions will
Signature	 Date