



Discrimination/Harassment Complaint Form

All complaints concerning Title VI and VII of the Civil Rights Act of 1964 and 1991, Title IX of the Education Amendments of 1972, 20 U.S.C. Section 1681 et seq. (Title IX) and its implementing regulations, 34 C.F.R. Part 106, the Rehabilitation Act of 1973, and the Americans with Disability Act of 1990, or any other Federal non-discrimination legislation should accompany this form. Complainant should complete and submit this form to one of the following:

- Employment Applicants or Current Employees: Human Resources & Safety Manager
- Prospective or Current Students: Vice President of Student Services
- Americans with Disability Act: Financial Aid Coordinator

Complainant (one alleging discrimination/harassment):

Name Last	MI	First	Student ID (if applicable)	
Mailing Address Street/PO Box/Apt #		City	State	Zip
Home phone	Cell phone		Work phone	
Job Title (if known)	Check one of the following: Employment Applicant <input type="checkbox"/> Current Employee <input type="checkbox"/> Prospective Student <input type="checkbox"/> Current Student <input type="checkbox"/>			

Respondent (one charged with discrimination/harassment):

Name Last	MI	First	Student ID (if applicable)	
Mailing Address Street/PO Box/Apt #		City	State	Zip
Home phone	Cell phone		Work phone	
Job Title (if known)	Check one of the following: Employment Applicant <input type="checkbox"/> Current Employee <input type="checkbox"/> Prospective Student <input type="checkbox"/> Current Student <input type="checkbox"/>			

Basis of Discrimination/Harassment:

Please check the appropriate box: Race/Color <input type="checkbox"/> National Origin <input type="checkbox"/> Religion <input type="checkbox"/> Sex <input type="checkbox"/> Pregnancy <input type="checkbox"/> Disability <input type="checkbox"/> Age <input type="checkbox"/> Veteran Status <input type="checkbox"/> Other <input type="checkbox"/> Please specify: _____	
The complainant feels she/he experienced: Discrimination <input type="checkbox"/> Harassment <input type="checkbox"/>	

Incident Information:

Date of Incident	Location of Incident
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If witnesses were present, please list their name, address, and phone number (if known)
