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):		
Mational Origin Sexual Harassment Maternity Leave	Gender Identity	Age Disability Genetic Information Military Service 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:		

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

(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: