

**COMMUNITY COLLEGE OF RHODE ISLAND
INCIDENT REPORT FORM**

AFFIRMATIVE ACTION

Complainant Information

Name _____ Date _____

Campus Address _____ Work Telephone: _____

Home Address _____ Home Telephone: _____

City _____ State _____ Zip _____

Gender of complainant: Female Male

Are you a student employee job applicant other _____

Name of department: _____

Name of immediate supervisor: _____

Name and title of person(s) charged: _____

If you are a student and the alleged violation is against your professor and occurred while you were taking a class, please provide the semester, class title and section number. _____

Where did the alleged violation take place? _____

Basis of alleged complaint:

- Age _____ Date of birth _____
- Disability _____
- Gender
- National Origin
- Race/color: Specify _____
- Race by association
- Religion
- Sexual Orientation
- Other _____

Nature of charge:

- Access/accommodation
- Discrimination
- Harassment
 - Sexual Racial
 - Gender Other _____
- Hiring
- Intimidation/retaliation
- Other _____

Name of witnesses, if any.

Date of alleged violation: _____

Have you brought this charge to anyone else's attention?
 Yes, to whom _____ No

What action would you like taken?

