AFFIRMATIVE ACTION

COMMUNITY COLLEGE OF RHODE ISLAND INCIDENT REPORT FORM

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 prof provide the semester, class title and section number Where did the alleged violation take place?	
Basis of alleged complaint:	Nature of charge:
 Age Date of birth Disability Gender National Origin Race/color: Specify Race by association Religion Sexual Orientation Other 	Access/accommodation Access/accommodation Discrimination Harassment Sexual Racial Gender Other Hiring Intimidation/retaliation Other
 Disability	 Discrimination Harassment Sexual Gender Other Hiring Intimidation/retaliation
 Disability	 Discrimination Harassment Sexual Gender Other Hiring Intimidation/retaliation Other
 Disability	 Discrimination Harassment Sexual Gender Other Hiring Intimidation/retaliation Other Date of alleged violation: Have you brought this charge to anyone else's attention?
 Disability	 Discrimination Harassment Sexual Gender Other Hiring Intimidation/retaliation Other Date of alleged violation: Have you brought this charge to anyone else's attention?
 Disability	 Discrimination Harassment Sexual Gender Other Hiring Intimidation/retaliation Other Date of alleged violation: Have you brought this charge to anyone else's attention?
 Disability	 Discrimination Harassment Sexual Gender Other Hiring Intimidation/retaliation Other Date of alleged violation: Have you brought this charge to anyone else's attention?

Explain as briefly as possible the nature of your complaint and indicate who was involved. Be sure to include how other persons were treated differently from you. Also, attach any written material pertaining to your case. If necessary, please attach sheets of paper.

Complainant Signature	Date

RESOURCES, 400 EAST AVENUE, WARWICK, RI 02886. THIS FORM WILL BE RETAINED BY THE AFFIRMATIVE ACTION OFFICE. IF YOU HAVE ANY QUESTIONS, PLEASE CALL US AT 825-2311.

Person Receiving Complaint