



DISCRIMINATION/HARASSMENT COMPLAINT FORM for STUDENTS

Complainant Name _____ Student ID Number _____
Last First MI

Address _____
Street City/State ZIP Code

Home Telephone Number _____ Alternate Telephone Number _____

Department/Campus _____

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1. Date(s) of alleged discrimination/harassment:

 2. Name and title of person(s) committing the alleged discrimination/harassment:

 3. Basis of alleged discrimination/harassment (race, color, national origin, creed, religion, sex {including pregnancy and marital status}, sexual orientation, gender identity, age, disability, genetic information, veteran status):

 4. Description of alleged discriminatory/harassment actions (attach additional pages if necessary):

 5. Witnesses:

 6. Describe how you believe you were harmed by the alleged discrimination/harassment:

 7. Requested remedy:

 8. Have you filed this complaint with any other agency? Yes No If "Yes", please complete the following:
Name of Agency _____
Date of Filing _____ Status of Complaint _____

Certification: I certify that the information given above is true and correct to the best of my knowledge.
Complainant Signature: _____ Date: _____

Step 1 – Academic Dean/Campus Provost Response

Date Complaint Received _____

Respondent Signature _____ Date _____

Distribution: Original - Complainant, Copies – Academic Dean, Campus Provost,, Judicial Officer, AA Officer

Step 2 - Judicial Officer Response

Date Complaint Received _____

Respondent Signature _____ Date _____

Distribution: Original - Complainant, Copies – Judicial Officer, Executive Dean, Student Services, Academic Dean/Campus Provost, AA Officer

Step 3 - Executive Vice-President, Academic Affairs or Designee Response

Date Complaint

Received _____

Respondent Signature _____ Date _____

Distribution: Original - Complainant, Copies - Executive Vice-President, Academic Affairs, Judicial Officer, Executive Dean, Student Services, Academic Dean/Campus Provost, AA Officer

Step 4 – President or Designee Response

Date Complaint Received _____

Respondent Signature _____ Date _____

Distribution: Original – Complainant, Copies – President, Executive Vice-President, Academic Affairs, Judicial Officer, Executive Dean, Student Services, Academic Dean/Campus Provost, AA Officer