



## DISCRIMINATION, HARRASSMENT, and COMPLAINT FORM

Northeast State is committed to developing and maintaining a climate in which racial harmony and cultural diversity are valued, appreciated and accepted. Any current or former student, applicant for employment, or current or former employee who believes he or she has been subjected to discrimination or harassment at Northeast State Community College (NeSCC) or who believes that he/she has observed discrimination or harassment taking place shall present the complaint to the Assistant Director of Equity and Compliance.

Every attempt will be made to encourage a complainant to provide a written complaint. The complaint shall include the circumstances giving rise to the complaint, the dates of the alleged occurrences, and names of witnesses, if any. **This form may be used to file a complaint of discrimination or harassment but is not required.**

Depending upon the nature and scope of a complaint, investigators may include, but are not limited to, the college's Chief of Police, Assistant Director of Equity and Compliance, Vice President of Academic Affairs, Vice President for Institutional Excellence and Student Success, Director of Human Resources, or designees.

Date of the incident(s): \_\_\_\_\_

How were you directed to us? \_\_\_\_\_

### I. Personal Information

Name \_\_\_\_\_

Check your preferred contact method below:

Address \_\_\_\_\_

E-Mail \_\_\_\_\_

Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Other (Cell) \_\_\_\_\_

### II. Affiliation

Employee Department \_\_\_\_\_  
 Position Title \_\_\_\_\_  
 Supervisor \_\_\_\_\_

Student

Other \_\_\_\_\_

### III. Respondent(s) person(s) and or department against who the complaint is being filed (attach list of additional names, if needed)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Title (if applicable) \_\_\_\_\_

Department \_\_\_\_\_

Title \_\_\_\_\_

### IV. Basis of Your Complaint – check all that apply

- |  |                                    |   |   |                                     |
|--|------------------------------------|---|---|-------------------------------------|
| <input type="checkbox"/> Race                                | <input type="checkbox"/> Religion  | <input type="checkbox"/> Sexual Harassment  | <input type="checkbox"/> Marital Status | <input type="checkbox"/> Age        |
| <input type="checkbox"/> Color                               | <input type="checkbox"/> Gender    | <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Veteran Status | <input type="checkbox"/> Disability |
| <input type="checkbox"/> National Origin                     | <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Gender Identity    |   |                                     |
| <input type="checkbox"/> Other (List NeSCC Policy No.) _____ |                                    |   |   |                                     |

**V. Using the space below, describe the specific act(s) alleged with dates, locations(s), and the names and contact information of any witnesses who may have observed the incident and/or experienced similar treatment. Your complaint is not limited to the space provided. Feel free to attach additional materials that may assist in the investigation.**

Date of the incident(s): \_\_\_\_\_

**Name(s) of Witnesses (add additional names, as needed)**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

**Name(s) of Witnesses (add additional names, as needed)**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

**VI. How would you like to see the situation resolved and/or what remedy are you seeking?**

**VII. Acknowledgement**

I certify that to the best of my knowledge the information that I provided is accurate and the events and circumstances are as I have described them. I understand and acknowledge that a copy of this complaint will be provided to the alleged offender (respondent). I am willing to cooperate fully in the investigation and provide whatever evidence the College deems relevant.

While complete confidentiality cannot be guaranteed, I understand that all complaints will be handled in such a way that confidentiality will be protected to the extent possible. Information about the complaint will be shared on a limited basis only with those who need to know. I further understand that filing a complaint does not keep me from filing an allegation with an external agency nor extend time limits.

NeSCC does not tolerate adverse treatment of its employees or students because of the filing a complaint or providing information related to a complaint. You should report any actions that may constitute retaliation to the Assistant Director of Equity and Compliance immediately.

If you believe that you have been retaliated against, please check here:

Signature \_\_\_\_\_

Date \_\_\_\_\_

<b>Official Use Only.</b> Received by: _____ Date: _____ Actions taken: _____
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