APPENDIX
COMPLAINT
INCIDENT REPORT FORM
CIVIL RIGHTS

Directions: If you believe that you have been unlawfully discriminated against, harassed, or otherwise harmed, you are required to fill out this complaint form. However, depending on the information you verbally provide, the College may be obligated to investigate even without your formal, written complaint. The College can only base its findings and take actions based on the information provided by you. If more space is necessary, please continue your comments on the back of this form, or on a separate sheet of paper.

Date of Complaint: _____

Name (Complainant):_____ S#_____

College: _____

Check One: Employee____ Student____ Authorized Volunteer____ Guest/Visitor ____

If you are not the victim, please include their name(s) _____

Is victim an employee, student, authorized volunteer, or guest/visitor?

Check One: Employee____ Student____ Authorized Volunteer____ Guest/Visitor ____

Name(s) of who you believe committed the alleged act(s) (Respondent): _____
_____

Is person an employee, student, authorized volunteer, or guest/visitor?

Check One: Employee____ Student____ Authorized Volunteer____ Guest/Visitor ____

Please describe the alleged incident(s), and when and where it occurred. Also, please attach any supporting documentation and evidence.

_____
_____
_____
_____
_____
_____
_____

Complaint Incident Report Form Continued-Civil Rights

_____
_____
_____
_____
_____

Identify all individuals with knowledge of the conduct about which you are complaining.

_____
_____
_____
_____
_____

We highly encourage attempting to resolve complaints informally. Would you be interested in attempting this process? *Check one:* Yes____ No____
**If the complaint is an allegation of sexual assault, the college will not allow an informal proceeding to occur.*

Please describe your requested remedy for this complaint.
_____
_____
_____
_____
_____

Disclosure
To investigate your complaint, it will be necessary to interview you, the alleged respondent(s), and any witnesses with knowledge of the allegations or defenses. The statements and the information that you are providing may be attributed to you and could be included in any investigative reports that are prepared. Further, it may be necessary to include you as a witness in any hearing that may occur due to these alleged incidents.

Authorization to disclose identity of person reporting incident: Yes No
**Please note limiting the college's ability to disclose will affect the college's ability to respond to the complaint.*

Please provide your contact information

Phone Number_____ Alternate Phone Number _____

Email_____

Acknowledgement

I, _____, am willing to cooperate fully in the investigation of my complaint and provide whatever evidence the College deems relevant. I affirm that the information I am providing is true and correct to the best of my knowledge. I understand that my statements and the information that I am providing may be attributed to me and could be included in any investigation reports that are prepared. I also understand that this investigation is confidential and for me to disclose any information that I have obtained during the course of this investigation could interfere with the investigation. Further, I understand that discussing this investigation with Non-College Officials could expose me to civil liability under current defamation law. I also understand that if I do not fully cooperate, decisions will be made based on the best information available to the College.

_____ _____
Signature Date

_____ _____
Witness Date