

EMPLOYEE COMPLAINT FORM

This form should be completed by the complainant and delivered to the Title IX Coordinator, Human Resources Director or President.

Name of Complainant: _____

Department: _____

Address to send correspondence: _____

Telephone number: _____ Email address: _____

Name of the accused: _____

Department: _____ Date of Incident: _____

(If more than one event, please report each event on a separate form)

Provide the specific details of the complaint.

(Attach additional sheet(s) if necessary)

How did you react to the complained of conduct? Have you taken any action in response to the complained of conduct?

Describe any harm you claim to have suffered as a result of the complained of conduct.

Were there any witnesses to this specific event? (if yes, please provide their names.)

Is there any physical, digital or documentary evidence that supports your complaint? If so, please describe or attach copy of evidence.

What is your desired outcome resolution of your complaint?

Print Name

Signature

Date

This section should be completed by the college official who receives the form.
