COLLEGE of CHARLESTON

OFFICE OF EQUAL OPPORTUNITY PROGRAMS

Discrimination/Harassment Complaint Form

Once you have returned this completed and signed form to the designated personnel, your complaint will be properly received by the College.

Check one: □ Faculty □ Staff □Student □ Other:_____ _____

Name | Employee/Student ID | Department

Work Telephone | Home Telephone | E-mail Address

Home Address

Job Title | Hire Date | Supervisor's Name and Telephone

Have you brought this matter to the attention of any other department(s) at the College?_____ If so, please list the name(s) and department(s) of all other persons with whom you have discussed this matter:

Type of Complaint - Check all that apply: □ Age □ Disability □ Equal Pay □ Genetic Information □ Gender Identity/Expression □ Sexual Orientation □ National Origin □ Pregnancy □ Race □ Color □ Religion □ Retaliation □ Sex □ Sexual Harassment □ Veteran Status □ Sexual Assault(rape, sodomy, sexual assault with an object, fondling, statutory rape, incest) □ Dating Violence □ Domestic Violence □ Stalking □ Other (Specify_____)

Location of Incident(s) – (Please be specific):

Briefly summarize your complaint here. (Please also complete and attach the detailed Statement document and include supporting documents, including, but not limited to photos, video, recordings, e-mails, text messages, etc.)

List the person(s) you believe harassed or discriminated against you and relationship to you (e.g. supervisor, co-worker, faculty, student)

Describe any resolution(s) that you would like the College to consider in addressing your concern(s).

Witnesses and relationship to you (e.g., friend, student, supervisor, co-worker, and faculty) Please attach additional pages if needed.

1. Name | Relationship | Telephone

2. Name | Relationship | Telephone

3. Name | Relationship | Telephone

I CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM, INCLUDING ALL ATTACHMENTS, IS TRUE AND CORRECT.

Print Name **Sign Name** **Date**