



COLLEGE OF  
**CHARLESTON**  
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. You will receive a copy of your completed form as well as complete information about the complaint process.

**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. BY SUBMITTING THIS FORM TO THE OFFICE OF EQUAL OPPORTUNITY PROGRAMS I AM REQUESTING THAT THE COLLEGE INVESTIGATE THESE CONCERNS.

Print Name Sign Name Date

Rec'd by:  
Date: