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:

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