



# 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. 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: \_\_\_\_\_