



HARASSMENT AND DISCRIMINATION COMPLAINT FORM

Office of Equity & Diversity - Human Resources, 3219 College St., Colston Administration Building Rm. 208, (912) 358-2150

To file a complaint of harassment or discrimination, fill in this form and mail or deliver to the above address, within 60 days of the alleged incident.

HARASSMENT/DISCRIMINATION

- Race or Color
- Age
- National Origin
- Disability
- Sex
- Religious Creed
- Sexual Orientation
- Marital Status
- Other (please specify) _____

CURRENT STATUS OF COMPLAINANT

- Employee
- Student
- Applicant
- Other (please specify) _____

Name (First, Middle, Last) _____

Street Address _____

City/State/Zip _____

Direct Supervisor _____ Position Title _____

Employment Status Full Time Part Time

Department _____ Campus _____ Bldg. _____ Room _____

COMPLAINT DESCRIPTION

Date(s) of alleged incident(s) or continuing discrimination took place _____

Describe in detail the alleged harassment/discrimination (include any witnesses and harm suffered) _____

Have you reported the incident to your supervisor? Yes No

Action taken or suggested resolution _____

Have you filed a complaint with any other agency? Yes No

Relief that you are seeking _____

Identify person responsible for alleged discrimination/harassment and connection to the college

Identify all employees or others with knowledge of the conduct in this complaint _____

Employee's Signature: _____ Date: _____