EMPLOYEE COMPLAINT FORM

This form should be completed by the complainant and delivered to the Title IX Coordinator, Human Resources Director or President.

Name of Complainant: ________________________________________________________________

Department: _________________________________________________________________________

Address to send correspondence: ______________________________________________________

Telephone number: ___________________________       Email address: _____________________________

Name of the accused:  _____________________________________________________________________

Department: _____________________________________________________________________________

Relationship of the Accused to the Complainant (administrator, supervisor co-worker, etc.):
_______________________________________________________________________________________

Date of Incident:  _________________________________________________________________________

(If more than one event, please report each event on a separate form)

Provide the specific details of the complaint.  (Attach additional sheet(s) if necessary)
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

How did you react to the complained of conduct? Have you taken any action in response to the complained of conduct?
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

Created May 2019
Describe any harm you claim to have suffered as a result of the complained of conduct.

________________________________________________________________________________________
_______________________________________________________________________________________
________________________________________________________________________________________
_______________________________________________________________________________________

Were there any witnesses to this specific event? (if yes, please provide their names.)

_______________________________________________________________________________________
________________________________________________________________________________________
_______________________________________________________________________________________

Is there any physical, digital or documentary evidence that supports your complaint? If so, please describe or attach copy of evidence.

_______________________________________________________________________________________
________________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

What is your desired outcome resolution of your complaint?

_______________________________________________________________________________________
________________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

Print Name ___________________________ Signature ___________________________ Date ______________

This section should be completed by the college official who receives the form.

Signature of College Official Receiving Form ___________________________ Date Form Received __________

Created May 2019
Instructions for your policy manual:

**Instructions to employee filing the report:** Any employee who has a complaint (or who is reporting an observed action) must report the action immediately, and in no event less than ten (10) calendar days following the event, to the Title IX Coordinator, Human Resources Director, or President. In conjunction with the report, the employee shall provide a written statement, as well as any evidence the employee believes substantiates the complaint, and shall be required to assist in an appropriate investigation.

**Instructions to college official receiving the report:** The appropriate person shall review and investigate the matter and may engage legal counsel for this purpose, as determined by the President. This review and investigation shall be conducted promptly and within 45 calendar days if practical, but no later than 60 days, unless the period is extended by agreement of the complaining and responding parties. The President or his/her designee shall issue a written response to reporting employee within 15 calendar days if practical, but not later than 30 days unless this period is extended by agreement of the complaining and responding parties; once the review and investigation has been completed, and this written response shall be final.

**NOTE:** An employee who brings a good faith complaint under this policy shall not be retaliated against in any manner. Any employee who retaliates against an employee for making a good faith complaint under this policy will be disciplined.