

Directions: Describe your complaint using this form then submit the complaint to the Office of Equal Opportunity Programs/ADA Coordinator.

Complainant's Name

MDID

Phone No./Ext.

Department/Campus

Supervisor/Employee

On what date(s) did the alleged incident(s) occur?

Please indicate the nature of your Charge. Place a check next to the appropriate space provided below.

DISCRIMINATION BASED ON:

Race	Religion	Sex (Gender)
National Origin	Genetics Information	Sexual Harassment
Age	Color	Sexual Orientation
Disability	Veteran's Status	Pregnancy
Retaliation	Marital Status	

HARASSMENT

Person against whom you are filing your complaint (Respondent):

Name:

Phone No./Ext.

Department/Campus

Summarize the reason(s) or allegations which form your complaint. Provide dates and names of witnesses. *(Use additional paper, if needed or attach a summary):*

What resolution/remedy are you requesting?

College Procedure 1665 Discrimination and Harassment Grievance Process, outlines the procedure for investigation and resolution of complaints of discrimination and harassment.

How did you hear about the Office of Equal Opportunity Programs/ADA Coordinator?

Signature

Date

EOP/ADA CONTACT: 305-237-2577

