



OWENS
COMMUNITY COLLEGE

TIME AND DATE RECEIVED

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Office of Equal Opportunity & Inclusiveness - Administration Hall, 2nd Floor

COMPLAINT OF DISCRIMINATION/HARASSMENT

(Check all boxes that apply)

COMPLAINANT:

Name		Position	
Supervisor's Name		Department (faculty / staff / student)	
Address (if non-employee)		City/State	Zip

STATEMENT OF COMPLAINT:

Phone

1. Type of discrimination alleged:

- | | | | |
|--|-------------------------------------|---|--|
| <input type="checkbox"/> Age | <input type="checkbox"/> Color | <input type="checkbox"/> National Origin | <input type="checkbox"/> Race |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Sex | <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Gender Identity |
| <input type="checkbox"/> Military Status | <input type="checkbox"/> Disability | <input type="checkbox"/> Veteran Status | |

DATE OF ALLEGED DISCRIMINATION/HARASSMENT

2. Name(s) of individuals involved in the alleged discrimination/harassment and potential witness(es):

3. Describe the specific nature of your complaint

4. Please describe adverse *employment action which you believe has resulted from the alleged discrimination/harassment

5. Resolution or remedy suggested

Print/Signature of Complainant:

Date:

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COMPLAINT OF DISCRIMINATION/HARASSMENT - continued

*if an employee. If a student, please indicate alleged conduct.

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Attach Separate Page if more space is necessary