

Discrimination/Harassment Complaint Form

Fond du Lac Tribal and Community College

Date filed: _____

Complainant Information:

Name of Complainant: _____

Phone Number: _____
Home Nbr Mobile or Work Nbr

Address: _____

Email: _____ Sex: Female Male Other

Select One: Staff Faculty Student Administrator External

Type of Complaint: Discrimination Harassment Retaliation

I was discriminated, harassed, or retaliated against on the basis of my:

Race	Age	Reliance on Public Assistance
Sex	National Origin	Sexual Orientation
Color	Disability	Marital Status
Creed	Religion	Membership/Activity in Local Commission
Gender Identity	Gender Expression	

Respondent Information:

I believe I was discriminated/harassed/retaliated against by:

Name of Respondent #1: _____

Phone Number: _____
Home Nbr Mobile or Work Nbr

Address: _____

Email: _____ Sex: Female Male Other

Select One: Staff Faculty Student Administrator External

Name of Respondent #2: _____					
Phone Number: _____		_____			
Home Nbr		Mobile or Work Nbr			
Address: _____					
Email: _____		Sex:	Female	Male	Other
Select One:	Staff	Faculty	Student	Administrator	External

Name of Respondent #3: _____					
Phone Number: _____		_____			
Home Nbr		Mobile or Work Nbr			
Address: _____					
Email: _____		Sex:	Female	Male	Other
Select One:	Staff	Faculty	Student	Administrator	External

Name of Respondent #4: _____					
Phone Number: _____		_____			
Home Nbr		Mobile or Work Nbr			
Address: _____					
Email: _____		Sex:	Female	Male	Other
Select One:	Staff	Faculty	Student	Administrator	External

Explain your complaint in detail. Include the following information:

1. Describe the specific incident(s) of discrimination/harassment/retaliation. List times, dates, locations, names, and titles of the people involved in the incident(s).
2. Explain why you believe you were discriminated/harassed/retaliated against because of your protected class status (race, age, gender, disability, etc.)
3. Provide the names and titles of people you believe were treated more favorably than you due to your protected class status. List the protected class status (race, age, gender, disability, etc.) of each person.

Attach additional pages if necessary, as well as documents you believe may be helpful in investigating your complaint.

Witness Information:

List potential witnesses you believe possess information about your complaint. Attach additional pages if necessary.

Name of Witness #1: _____	
Phone Number: _____	_____
Home Nbr	Mobile or Work Nbr
Address: _____	
Email: _____	
What information can this witness provide?	

Name of Witness #2: _____	
Phone Number: _____	_____
Home Nbr	Mobile or Work Nbr
Address: _____	
Email: _____	
What information can this witness provide?	

Name of Witness #3: _____	
Phone Number: _____	_____
Home Nbr	Mobile or Work Nbr
Address: _____	
Email: _____	
What information can this witness provide?	

List documents you believe may help in investigating your complaint. Provide the name, date, and explanation of the contents of each document. Attach additional pages if necessary.

Name of Document #1: _____

Description of Contents:

Name of Document #2: _____

Description of Contents:

Name of Document #3: _____

Description of Contents: