



Discrimination/Harassment Complaint Intake Form

Incidents of discrimination and/or harassment are violations under Lincoln Land Community College Board Policy 1.7, Sexual Harassment and Board Policy 1.10, Harassment and Discrimination ([LLCC General Policies](#)). To report a complaint of discrimination and/or harassment, please complete this form, print, sign and send to:

Lincoln Land Community College
Equal Opportunity Compliance Officer
P.O. Box 19256
Springfield, IL 62794
Fax: (217) 786-2865
For more information, call (217) 786-2342

1) Fill out all applicable fields:

Name	
Street Address	
City, State, Zip	
Home Phone	
Business Phone	
Email	

2) Level of Complaint: ☐ Informal ☐ Formal

3) Type of Complaint: ☐ Discrimination ☐ Harassment ☐ Retaliation

4) Nature of discrimination/harassment:

(Click in box & check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Race | <input type="checkbox"/> Color |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Gender | <input type="checkbox"/> Age |
| <input type="checkbox"/> Marital Status | <input type="checkbox"/> Political Affiliation |
| <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Sexual Harassment | <input type="checkbox"/> Other |

Please explain

- 5) Person(s) you believe are discriminating against or harassing you. Please attach extra paper if your complaint is against additional people.

Name		Name	
Department		Department	
Position		Position	
Phone		Phone	

- 6) Person(s) you believe may have knowledge of the discriminatory or harassing treatment that you received. Please attach additional pages if necessary.

Name	
Department	
Position	
Phone	
	What information can this witness provide?

Name	
Department	
Position	
Phone	
	What information can this witness provide?

- 7) Describe alleged discrimination and/or harassment. Attach additional pages or other supporting materials as needed. Please include all relevant details including dates and locations.

- 8) What action are you requesting to resolve the complaint and prevent future violations of board policy?

- 9) Your Relationship to LLCC:
(Click in box to select)

- | | |
|---|---|
| <input type="checkbox"/> Faculty | <input type="checkbox"/> Administrator |
| <input type="checkbox"/> Classified Staff | <input type="checkbox"/> Contractual Employee |
| <input type="checkbox"/> Student | <input type="checkbox"/> Student Employee |
| <input type="checkbox"/> Professional Staff | <input type="checkbox"/> Other – please describe: |

- 10) Your Employee/Student Information:

Date of Hire/Year in School	
Department	
Job Title/Major	

I have reviewed the above, and it is a complete and accurate account of the issue(s) described herein.

Signature of Complainant

Date