



# Discrimination/Harassment Complaint Form

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## Instructions

Submit this form to the Office of Human Resources in person at Founders Hall, Room 1014 or via fax to 740-364-9566. A form can be requested by calling 740-366-9367. If a faculty or staff member is notified of an allegation, they must refer the allegor or notify the Office of Human Resources as soon as possible or no later than 5 days after becoming aware of the allegation. ***Filing an allegation of harassment with the college neither precludes filing an allegation with an external agency, nor does it extend time limits for such complaints.***

### Person alleging discrimination/harassment

Name \_\_\_\_\_ Title \_\_\_\_\_  
Department \_\_\_\_\_  
Campus mailing address: \_\_\_\_\_  
Campus telephone \_\_\_\_\_ Campus email \_\_\_\_\_

### Person against whom allegation of discrimination/harassment is being made

Name \_\_\_\_\_ Title \_\_\_\_\_  
Department \_\_\_\_\_  
Campus mailing address: \_\_\_\_\_  
Campus telephone \_\_\_\_\_ Campus email \_\_\_\_\_

### Person referring the complaint if different from person alleging discrimination/harassment

Name \_\_\_\_\_ Title \_\_\_\_\_  
Department \_\_\_\_\_  
Campus mailing address: \_\_\_\_\_  
Campus telephone \_\_\_\_\_ Campus email \_\_\_\_\_

**Describe the events and/or behaviors that are subject of the complaint. Include any offices or individuals you've talked with on campus, the names of witnesses, as well as dates, times, and locations. Attach additional pages if necessary.**