



TOMPKINS CORTLAND COMMUNITY COLLEGE

Harassment/Discrimination Complaint Form

This form is to be used by students and employees to file a complaint of an incident based on race, color, religion, sex, national origin, sexual orientation, veteran’s status, age, disability, marital or parental status, or other protected category.

1. Name: _____ (Please print or type)

Home Address: _____ Telephone #: _____

City/State/Zip Code: _____

Local Address: _____

E-mail _____ Status: _____ (Faculty, Admin., Staff, Student, Other)

2. Alleged discrimination/harassment is based on: (please check)

- Checkboxes for: Race or color, Religion, National Origin, Sexual Orientation, Veteran’s Status, Sex, Disability, Marital/Parental Status, Sexual Harassment, Age, Retaliation for Filing a Discrimination Complaint, Other (list)

3. Took place on or about: _____ Date Is this continuing?: Yes No

4. Describe briefly the act which occurred, and your reason for concluding that it was discriminatory. _____

4a. Include name of the person(s) you are filing the claim against.

4b. Include the names of any witnesses and where we can contact them.

5. Please check the appropriate box:

- I elect to follow the informal investigation process and allow a designated representative of Tompkins Community College to review and investigate my complaint.
- I elect to proceed immediately to a review of my complaint by a Tripartite Panel as described in the Tompkins Cortland Community College's complaint procedure.

6. Have you filed this charge with a Federal, State or local government agency? Yes No

If yes, with which agency? _____ When? _____

7. Have you instituted a suit or court action on this charge? Yes No

If yes, with which court? _____ When _____

Court address: _____

Contact person: _____

I affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

Signature

Date