



## Harassment, Discrimination (Including Sexual Misconduct) and Retaliation Complaint Form

You should review the College's Non-Discrimination & Harassment Policy and Grievance Procedure on the CBC website at: <http://www.columbiabasin.edu/index.aspx?page=207>.

This form is designed to provide Columbia Basin College students, employees, faculty, vendors, visitors, or others with a method to report specific information related to an alleged incident(s) of discrimination, harassment (including sexual misconduct), or retaliation.

You are not required to complete the entire form in order for the complaint to be submitted. The College will use the information provided to begin evaluating the complaint, which may include contacting the complainant, respondent, and/or potential witnesses. However, if the form is incomplete or does not contain specific information, the College's evaluation, any investigation and/or response may be limited.

Submit the completed form to Megan Pylican, Deputy Title IX Coordinator or Camilla Glatt, Title IX/EEO Coordinator. You may submit this form electronically using the "Submit" button at the bottom of this form, drop this form off in the Human Resources Office located in the A, Building, or by mailing the form to 2600 N 20<sup>th</sup> Ave, Pasco, WA 99301.

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### Complainant Information:

Are you a:  Student  Employee  Faculty  Visitor  Other (please specify)

If you wish to identify yourself, please fill in the information listed below:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Contact Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

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### Type and Basis of Complaint:

Type of Complaint:  Discrimination  Harassment (including sexual misconduct)  Retaliation

If you are filing a discrimination or harassment complaint, please indicate the protected status(s) that is/are the basis for the alleged behavior:

Race/Ethnicity  Nationality  Sex/Gender  Age  Marital Status  Pregnancy  Religion

Sexual Orientation  Genetic Predisposition  Veteran Status  Disability  Dog Guide/Service Animal

**Respondent/Accused Information:**

Please identify the person against whom your complaint is made:

Name: \_\_\_\_\_ Contact Information: \_\_\_\_\_

Is this person a:  Student  Employee  Faculty  Visitor  Other (please specify)

Title/Department (if applicable): \_\_\_\_\_

Relationship/Association to you: \_\_\_\_\_

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**Complaint: While providing details is essential to evaluating and/or investigating your complaint, please be advised that some or all of the information you provide in this section may be shared with the respondent(s).**

1. Describe the incident(s)/event(s) including dates, times, locations, and any potential witnesses to the behavior:

2. Describe the impact the behavior has had on you:

3. Have you taken any action to stop the behavior? Yes No

If so, what actions have you taken and what was the outcome?

4. Please include any additional information that supports your complaint.

Note: if you have supplemental documents please attach them to the e-mail when submitting this form or deliver to the Human Resources Office.

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**Resolution:**

**What remedy are you seeking?**

**By submitting this form, I certify that the information I have provided is true and accurate to the best of my knowledge.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Telephone Number (Optional)**

\_\_\_\_\_  
**Relationship to Complainant (Optional)**