



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 Camilla Glatt, Title IX/EEO Coordinator, A Building, Human Resources Office, 2600 N. 20th Avenue, Pasco, WA 99301 or cglatt@columbiabasin.edu

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: _____

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: _____

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 add any additional documents or information that supports your complaint.

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)