

# Northland Community and Technical College Discrimination/Harassment Complaint Form

Date: \_\_\_\_\_

Name of COMPLAINANT: \_\_\_\_\_

(if more than one complainant, complete intake form for each)

Address (local): \_\_\_\_\_

Address (residence): \_\_\_\_\_

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

Phone: (work) \_\_\_\_\_ (home) \_\_\_\_\_

Sex:  Male  Female

Status:  Student  Faculty  Staff  Administrator  External/Non-Campus

TYPE OF COMPLAINT:  DISCRIMINATION  HARASSMENT  RETALIATION

I WAS DISCRIMINATED/HARASSED/RETALIATED AGAINST ON THE BASIS OF MY:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Race            | <input type="checkbox"/> Age               | <input type="checkbox"/> Reliance on Public Assistance           |
| <input type="checkbox"/> Sex             | <input type="checkbox"/> National Origin   | <input type="checkbox"/> Sexual Orientation                      |
| <input type="checkbox"/> Color           | <input type="checkbox"/> Disability        | <input type="checkbox"/> Marital Status                          |
| <input type="checkbox"/> Creed           | <input type="checkbox"/> Religion          | <input type="checkbox"/> Membership/Activity in Local Commission |
| <input type="checkbox"/> Gender Identity | <input type="checkbox"/> Gender Expression |  |

I believe I was discriminated/harassed/retaliated against by:

Name of RESPONDENT: \_\_\_\_\_

(if more than one respondent, list complete information for each)

Address (local): \_\_\_\_\_

Address (residence): \_\_\_\_\_

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

Phone: (work) \_\_\_\_\_ (home) \_\_\_\_\_

Sex:  Male  Female

Status:  Student  Faculty  Staff  Administrator  External/Non-Campus

Name of RESPONDENT #2: \_\_\_\_\_

(if more than one respondent, list complete information for each)

Address (local): \_\_\_\_\_

Address (residence): \_\_\_\_\_

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

Phone: (work) \_\_\_\_\_ (home) \_\_\_\_\_

Sex:  Male  Female

Status:  Student  Faculty  Staff  Administrator  External/Non-Campus

Name of RESPONDENT #3: \_\_\_\_\_

(if more than one respondent, list complete information for each)

Address (local): \_\_\_\_\_

Address (residence): \_\_\_\_\_

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

Phone: (work) \_\_\_\_\_ (home) \_\_\_\_\_

Sex:  Male  Female

Status:  Student  Faculty  Staff  Administrator  External/Non-Campus

Name of RESPONDENT #4: \_\_\_\_\_

(if more than one respondent, list complete information for each)

Address (local): \_\_\_\_\_

Address (residence): \_\_\_\_\_

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

Phone: (work) \_\_\_\_\_ (home) \_\_\_\_\_

Sex:  Male  Female

Status:  Student  Faculty  Staff  Administrator  External/Non-Campus



LIST POTENTIAL WITNESSES YOU BELIEVE POSSESS INFORMATION ABOUT YOUR COMPLAINT.  
ADD ADDITIONAL PAGES IF NECESSARY.

Name of WITNESS #1: \_\_\_\_\_  
(if more than one witness, list complete information for each)

Address (local): \_\_\_\_\_

Address (residence): \_\_\_\_\_

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

Phone: (work) \_\_\_\_\_ (home) \_\_\_\_\_

What information can this witness provide? \_\_\_\_\_  
\_\_\_\_\_

Name of WITNESS #2: \_\_\_\_\_  
(if more than one witness, list complete information for each)

Address (local): \_\_\_\_\_

Address (residence): \_\_\_\_\_

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

Phone: (work) \_\_\_\_\_ (home) \_\_\_\_\_

What information can this witness provide? \_\_\_\_\_  
\_\_\_\_\_

Name of WITNESS #3: \_\_\_\_\_  
(if more than one witness, list complete information for each)

Address (local): \_\_\_\_\_

Address (residence): \_\_\_\_\_

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

Phone: (work) \_\_\_\_\_ (home) \_\_\_\_\_

What information can this witness provide? \_\_\_\_\_  
\_\_\_\_\_

