



Complaint Form for Reporting Discrimination, Harassment, or Retaliation

This form is intended to be used for the confidential reporting of any incidents of harassment, discrimination, or retaliation, including but not limited to sexual harassment, based on protected characteristics such as race, color, religion, sex, gender identity or expression, sexual orientation, national origin, age, disability, marital status, veteran status, or any other status protected by law or College policy.

If you believe you have experienced such behavior, you are encouraged—but not required—to complete this form and submit it to the Human Resources Department. You will not face retaliation for filing a complaint in good faith.

If you are more comfortable reporting verbally or by another method, the College will document your report using this form and provide you with a copy.

COMPLAINANT INFORMATION

Name:

Work Address:

Work Phone:

Job Title:

Email:

Select Preferred Communication Method: Email Phone In person

SUPERVISORY INFORMATION

Immediate Supervisor's Name:

Title:

Work Address:

Work Phone:

COMPLAINT INFORMATION

1. Your complaint is being made about (complete as much as known):

Name:

Title:

Work Address:

Work Phone:

2. Relationship to you: Supervisor Supervisee Co-Worker Other (please specify)

3. Nature of the Complaint (Check all that apply):

Discrimination Harassment Sexual Harassment Retaliation Other

4. Please describe what happened and include as many details as possible. You may use additional sheets of paper if necessary. If you have any relevant documents, please include.

5. Date(s) the behavior occurred:

Is the behavior continuing? Yes No

6. If possible, please list the name and contact information of any witnesses or individuals who may have information related to your complaint:

7. Have you previously provided information (verbal or written) about related incidents? If yes, when and to whom did you provide information?

CERTIFICATION AND SIGNATURE

I affirm that the information provided above is true to the best of my knowledge and understand that the College will take reasonable steps to investigate this complaint in accordance with its policies.

Signature:

Date:

SUBMIT COMPLETED FORM TO:

Tomkins Cortland Community College - Human Resources Department
170 North Street
Dryden, NY 13053-0139

or

HR@tompkinscortland.edu