



Discrimination and Harassment Complaint Form

Title VII of the Civil Rights Act of 1964, The Age Discrimination in Employment Act of 1967, and the Americans with Disabilities Act of 1990 are all-encompassing federal laws that prohibit discrimination based upon race, color, religion, sex, national origin, age, marital status, sexual orientation and disability.

A written complaint shall be filed within forty-five (45) days of the alleged incident of discrimination or harassment. When you complete this form within the required timeline, your complaint of discrimination and/or harassment has been properly received and noted by South Suburban College. South Suburban College will provide you with a copy of this form as well as complete information about the complaint process. Information about the complaint resolution process may also be found in the South Suburban College Catalog and the Policies of the Board of Trustees. Upon the filing of a complaint, the accused will be notified. The Affirmative Action Officer will conduct a thorough investigation of the complaint within thirty (30) days of its receipt. The time period may be extended for justifiable reasons or by mutual consent. The complainant and the accused shall be informed of any time extensions.

Complaints are filed with:

Affirmative Action Officer

Kim Pigatti, Director of Human Resources

708-596-2000 ext. 5719

kpigatti@ssc.edu.

All complaints will be investigated in order to determine if the individual filing the complaint has been harmed through discrimination and/or harassment.

Please check the applicable boxes. I am filing this complaint as a:

- Faculty Staff Student Community Member

Name (Identification Number)

Department (if applicable)

Work Phone Home or Cell Phone

Work Address

Home Address

Type of Complaint

Check all that apply (v)

- | | |
|---|--|
| <input type="checkbox"/> Race Discrimination | <input type="checkbox"/> Cyber bullying |
| <input type="checkbox"/> Color Discrimination | <input type="checkbox"/> Gender Discrimination |
| <input type="checkbox"/> Religious Discrimination | <input type="checkbox"/> Gender Inequity |
| <input type="checkbox"/> Sex Discrimination | <input type="checkbox"/> Sexual Orientation Discrimination |
| <input type="checkbox"/> National Origin Discrimination | <input type="checkbox"/> Disability Discrimination |
| <input type="checkbox"/> Age Discrimination | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Marital Status Discrimination | <input type="checkbox"/> Bullying |

Complaint: Describe your complaint and the date(s) of each occurrence. Please summarize below and attach additional pages describing your complaint if necessary.

Please list the name(s), department(s) or titles(s) of all other persons with whom you have discussed this matter and state the date(s) of the discussion(s) or communication(s).

1. _____
2. _____
3. _____
4. _____
5. _____

Please list all witnesses you believe have knowledge of the events and the relationship (The relationship information requested means co-worker, supervisor, customer, student, faculty, instructor, etc.) and their contact information, if known.

1. _____
2. _____
3. _____
4. _____
5. _____

Name of person or persons you believe committed the offense against you and how you have contact with them, e.g. supervisor, co-worker, faculty, instructor, student, customer.

Describe the resolution you are seeking. Attach additional pages if necessary.

For retaliation complaints, please explain why you believe someone retaliated against you, and the date of each act of retaliation:

I certify the aforementioned is true and correct.

Complainant Signature

Date

For the Affirmative Action Officer

Complaint taken by:

Print Name

Signature

Date