

# Trocaire College

## Discrimination & Harassment Complaint Form

(please type or print clearly)



Date submitted:

### SECTION I

<b>Name of Complainant (print)</b>	<b>Signature of Complainant</b>
<b>Complainant's Home Address</b>	<b>Complainant's Phone Number(s)</b>
<b>Street Address</b>	Home: (    )
<b>City/Town, State</b>	Cell: (    )
<b>Zip Code</b>	Work: (    )

#### Complainant's Role(s) at the College (check all that apply)

<input type="checkbox"/> Student Age: _____ Academic Program: _____	<input type="checkbox"/> Employee <input type="checkbox"/> Parent or guardian <input type="checkbox"/> Community member or other
---	--

### SECTION II

#### The Discrimination or Harassment is Based on Your: (check all that apply)

<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> Creed <input type="checkbox"/> Religion <input type="checkbox"/> Religious Practice <input type="checkbox"/> National Origin <input type="checkbox"/> Ethnic Group <input type="checkbox"/> Sex (includes sexual harassment and sexual violence) <input type="checkbox"/> Gender Identity <input type="checkbox"/> Sexual Orientation (the term "sexual orientation" means heterosexuality, homosexuality, bisexuality, or asexuality)	<input type="checkbox"/> Age <input type="checkbox"/> Marital Status <input type="checkbox"/> Military Status <input type="checkbox"/> Veteran Status <input type="checkbox"/> Disability <input type="checkbox"/> Domestic Violence Victim Status <input type="checkbox"/> Arrest or Conviction Record <input type="checkbox"/> Genetic Information <input type="checkbox"/> Other (specify) _____
---	---

### SECTION III

Date of first alleged incident of discrimination or harassment:

Name of the person(s) committing action(s) against complainant, if known:

Name(s):

Their job or role (if known):

Description of incident(s):

Witnesses, if any, or others who should be contacted with knowledge vital to this investigation (include contact information for each person):  
-Use additional paper if necessary-

Name(s):

Contact Information:

Others you may have discussed this incident with, including contact information for each:

Name(s):

Contact Information:

### SECTION IV

If there are multiple instances of alleged discrimination or harassment, provide the dates, description of the incidents, and those involved:  
 Section does not apply

Name(s):

Their job or role (if known):

Description of incident(s) with dates:

Has this matter of discrimination or harassment been previously reported?

No

Yes      Date:

Reported to (Name, Title/Job):

If yes, describe the outcome or resolution:

### SECTION V

Remedy, outcome or resolution sought by complainant:

Once completed, please forward this form to the Civil Rights Compliance Officers at [CivilRightsCompliance@trocaire.edu](mailto:CivilRightsCompliance@trocaire.edu) or drop off at Room 321B of the Choate Location