



Discrimination & Harassment Complaint Form
(please type or print clearly)

Date submitted:

SECTION I

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

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

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

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

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

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 Title IX Coordinator/Civil Rights Compliance Officer at Room 321, 360 Choate Ave., Buffalo, NY 14220 or email CivilRightsCompliance@trocaire.edu