



Rogue Community College

FORMAL HARASSMENT/DISCRIMINATION COMPLAINT FORM

Name of Complainant: _____ Date of Complaint: _____

Position of Complainant: _____ Email: _____

Address: _____

Phone: (H) _____ (W) _____ (Cell) _____

Name of Respondent: _____

Date and Place of Incident(s): _____

Description of Misconduct (attach notes, if necessary): _____

Name of Witnesses (if any): _____

Evidence of Harassment, i.e., letters, photos, etc. (attach evidence if possible; also attach RCC Incident Report Form): _____

Other Information: _____

I agree that all of the information on this form is accurate and true to the best of my knowledge.

Signature: _____ Date: _____
Complainant

Date Received/Reviewed by College President: _____

College President's Signature: _____

Date Received/Reviewed by Director, Human Resources: _____

Director, Human Resources Signature: _____

c Affirmative Action Officer
Human Resources Department, Director
Human Rights Network, Chair