

BROOKDALE COMMUNITY COLLEGE
Discrimination / Harassment Complaint Processing Form

INSTRUCTIONS: This form should be filed with the Manager – Diversity, Inclusion and Compliance or an HR designee within 180 days of the alleged incident(s) of discrimination / harassment. Email (psensi@brookdalecc.edu) or submit hard copy of completed form to the Human Resources Office. Use additional sheets if needed and be sure to put your name on each page. **Once the form is submitted, you will hear back from the Manager or an HR designee within five (5) working days. Please call 732-224-2695 or 732-224-2231 if immediate action is required.**

COMPLAINANT'S STATUS (Check applicable box with primary role.)

- Adjunct Administrator Applicant Faculty Hourly Police Support Staff Student Other

Your Name: _____

Contact information:

Home/Cell # _____ Work Phone # (if appropriate) _____

Email address: _____ Mailing Address: _____

If You Are an Employee, please also provide:

Dept/Div: _____ Job Title: _____

Supervisor's Name: _____ Your Work Location: _____

TYPE OF COMPLAINT (Check appropriate box):

- Discrimination Harassment Retaliation Other _____

DESCRIBE the incident(s) that occurred which led you to believe that you have been subjected to discrimination, harassment and/or retaliation. (Please be specific and include dates if possible.)

WHERE did the incident(s) occur? (Please be specific and include dates if possible.)

WHO do you feel is responsible for the alleged discrimination, harassment and/or retaliatory act/behavior? Please provide names, job titles or relationship to the College of all individuals involved.

WHY do you feel the alleged incident(s) / behavior is discriminatory, harassing or retaliatory? Explain.

Please list all **WITNESSES** that may have heard or seen the incident(s).

<u>Name of Witness</u>	<u>Phone#</u>	<u>Job Title (If applicable)</u>	<u>Department (If applicable)</u>
_____	_____	_____	_____
_____	_____	_____	_____

Please provide the names and job title (if applicable) of other individuals who were not witnesses, but might be able to support your allegations of discrimination, harassment or retaliation.

Have you discussed the situation with your supervisor, teacher, HR, or others? *(If yes, please provide the names and job titles of the individuals you have spoken to, the dates of the discussion(s) took place and what was done.)*

WHAT type of relief are you seeking?

Please attach any documentation or evidence that you feel supports your allegation of discrimination, harassment or retaliation. If you have any additional information that you feel should be considered regarding your allegation of discrimination, harassment or retaliation, please include with this form.

COMPLAINANT'S CERTIFICATION
I CERTIFY THAT THIS INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature: _____ Date: _____

TO BE COMPLETED BY DIVERSITY MANAGEMENT OFFICE

Date complaint received by Mgr-DI&C: _____	Written Notice: _____
Date investigation completed: _____	Report forwarded to Assoc. VP: _____
Final Determination: _____	Letter to all Parties _____

Appeal	
Deadline (if requested) _____	Appeal Response: _____