

**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.

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

Name of Witness                      Phone#                      Job Title (If applicable)                      Department (If applicable)

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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.

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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.)*

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WHAT type of relief are you seeking?

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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: \_\_\_\_\_