

FULTON-MONTGOMERY COMMUNITY COLLEGE
DISCRIMINATION/HARASSMENT COMPLAINT

Name of Complainant: _____
(Please print)

Date Filed: _____

Home Address: _____
(Street)

(City) (State) (Zip Code)

Telephone: _____

Signature: _____

Address: _____

(City) (State) (Zip Code)

Email: _____

Telephone: _____

Position Held: _____

Basis for filing complaint of discrimination: Circle appropriate classification(s):

Race	Actual or Perceived National Origin
Color	Military or Veteran
Color	Status
Sexual Orientation	Gender Characteristics and Expression
Marital Status	Relationship Violence Victim
Retaliation	Previous Conviction or Arrest
Disability	Genetic Predisposition or Carrier
Age	Victim of Sexual Assault or Stalking
Religion	Actual or Perceived Gender Identity
Gender	Familial Status
Other:	

Date(s)/Time(s) alleged discrimination/harassing act occurred:

Place of alleged discriminatory/harassing act:

Person(s) who committed alleged act(s) of discrimination/harassment: _____

Witnesses to the alleged discrimination/harassing act:

Description of Events Leading to Filing a Complaint:

Person assisting complainant (Optional):

Name: _____ Title: _____

Organization: _____

Address: _____
(Street) (City) (State) (Zip Code)

Telephone: _____

Relief Sought by Complainant:

