

FULTON MONTGOMERY COUNTY COMMUNITY COLLEGE
DISCRIMINATION/HARASSMENT COMPLAINT

Name of Complainant: _____
(please print)

Date Filed: _____

Home Address: _____
(Street)

(City) (State) (Zip Code)

Home Telephone: _____ - _____ - _____
(Area Code)

Signature: _____

Address: _____

(City) (State) (Zip Code)

Email: _____

Telephone: _____ - _____ - _____
(Area Code)

Position Held: _____

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

- | | |
|--------------------|---------------------------------------|
| RACE | ACTUAL OR PERCEIVED NATIONAL ORIGIN |
| COLOR | MILITARY OR VETERAN |
| STATUS | |
| SEXUAL ORIENTATION | GENDER CHARACTERISTICS AND EXPRESSION |
| MARITAL STATUS | RELATIONSHIP VIOLENCE VICTIM |
| RETALIATION | PREVIOUS CONVICTION OR ARREST |

DISABILITY
AGE
STALKING
RELIGION
GENDER

GENETIC PREDISPOSITION OR CARRIER
VICTIM OF SEXUAL ASSAULT OR
ACTUAL OR PERCEIVED GENDER IDENTITY
FAMILIAL STATUS

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: _____ - _____ - _____
(Area Code)

Relief Sought by Complainant:
