

**Northwest Louisiana Technical College
Discrimination/Harassment Complaint Form**

Name of Complainant: _____ Date form completed: _____

Department/Institution: _____

Home Phone: _____ Business Phone: _____

1. Charge of discrimination based on:

- | | |
|--|--|
| <input type="checkbox"/> Race/Color | <input type="checkbox"/> Sex |
| <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Religious Creed |
| <input type="checkbox"/> National Origin/Ancstry | <input type="checkbox"/> Disability or Medical Condition |
| <input type="checkbox"/> Age | <input type="checkbox"/> Other _____ |

2. Statement of Discrimination/Harassment, please provide the following information (use an attached sheet if necessary):

a) Date(s), time(s), and location(s) of the incident/incidences that took place.

b) Description of each incident: (e.g., was any physical contact made, what was said and/or done? etc.)

c) Name(s) of anyone present during each incident

d) Anyone with whom you have discussed the incident/incidences

Comments:

Complainant Signature: _____ Date: _____

Complaint Recipient Signature: _____ Date: _____