

Name of Complainant: _____ Date: _____
(Please print)

Home Address: _____
House/Apt# Street

City State Postal Code

Phone/Cell#: _____ Email: _____

Signature: _____

Local Address: _____
(If different) House/Apt# Street

City State Postal Code

Position Held: _____
(If applicable) _____

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: _____ Phone/Cell#: _____

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

Relief Sought by Complainant:

Deliver to Public Safety located in the PE Building or email: publicsafety@fmcc.edu