****Harassment, Discrimination, Sexual Assault Complaint Form**

Please complete the following information with as much detail as possible, sign and submit with copies of any documentation to:

Student Concerns/Complaints: Employee/Applicants/Visitors

Title IX Coordinator Director of Human Resources

2300 Airport Road, Helena, MT 59601 1115 N. Roberts, Helena MT 59601

e-mail: tammy.burke@helenacollege.edu e-mail: therese.collette@helenacollege.edu

406.447.6352 406.447.6924

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| **Section One: Identification** |
| Last Name: Click or tap here to enter text. | First Name: Click or tap here to enter text. | Middle Initial Click or tap here to enter text. |
| Street Address: Click or tap here to enter text. | City, State: Click or tap here to enter text. | Zip: Click or tap here to enter text. |
| Phone Number(s): Click or tap here to enter text. | Email: Click or tap here to enter text. | I am: Choose an item. |
| **Do you need special accommodations for us to communicate with you about this complaint?***(Check all that apply)*Braille[ ]  Large Print[ ]  Audio [ ]  TDD [ ]  Sign Language Interpreter [ ]  Other[ ]  *Specify* Click or tap here to enter text. |

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| **Section Two: Complaint Information**I allege discrimination based on the following protected class(es) and act(s) as describe below.  |
| **Basis of Discrimination***Please check all that apply and indicate the type of discrimination as indicated. (For example, if “Disabled” is selected the type might be “learning disabled”)* | **Act of Discrimination***Please check all that apply.* |
| [ ] Sexual Harassment: Click or tap here to enter text. | [ ]  Recruitment |
| [ ] Race/Color: Click or tap here to enter text. | [ ]  Selection |
| [ ] National Origin: Click or tap here to enter text. | [ ]  Performance Appraisal |
| [ ] Sex/Gender: Click or tap here to enter text. | [ ]  Training |
| [ ] Religion: Click or tap here to enter text. | [ ]  Promotion |
| [ ] Creed: Click or tap here to enter text. | [ ]  Discipline |
| [ ] Age: Click or tap here to enter text. | [ ]  Demotion |
| [ ] Disability: Click or tap here to enter text. | [ ]  Termination |
| [ ] Marital Status: Click or tap here to enter text. | [ ]  Layoff (RIF) |
| [ ] Political Belief: Click or tap here to enter text. | [ ]  Programs or Services offered by Helena College |
| [ ] Retaliation for Civil Rights Activity | [ ]  Other *Specify below* |
| Description of ComplaintPlease describe each incident of alleged discrimination separately. For each incident provide the following information:1. Date(s) the discriminatory action occurred;
2. Where the discriminatory action occurred (if applicable);
3. Name(s) of Witness(es) (if any) with contact information if possible; and
4. Why you believe the discrimination was based on your protected class as indicated above
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| When did the last act of discrimination occur? Click or tap to enter a date. |
| I am attaching COPIES of written documentation or other material to support my allegation:Yes [ ]  No [ ] *If “Yes”, please write your name and initial each document’s pages.* |
| Do you know of any other individuals who feel they were discriminated against by the same individual?Yes [ ]  No [ ] *If “Yes”, please list the individual(s) Below (name and contact information)*Click or tap here to enter text. |
| What would you like the College to do as a result of your complaint – What remedy are you seeking?Click or tap here to enter text. |

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| **Section Three: Certification***I certify that this information is correct to the best of my knowledge.*  |
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