****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](mailto:tammy.burke@helenacollege.edu) e-mail: [therese.collette@helenacollege.edu](mailto: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 Complaint  Please 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 | |
|  | |
| 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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