



Harrasment, 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:

Assistant Dean of Student Affairs/Title IX
Coordinator
1115 N. Roberts, Helena MT 59601
Email: e.stearnssims@helenacollege.edu
406.447.6903

Employee/Visitors
Director of Human Resources
1115 N. Roberts, Helena MT 59601
Email: Matthew.Richards@HelenaCollege.edu
406.447.6925

Section One: Identification

Last Name: _____ First Name: _____ Middle Initial: _____

Street Address: _____ City and State: _____ Zip code: _____

Phone Number(s): _____ Email: _____ I am:

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
- Foreign Language Interpreter (specify)
- Other (specify)

Section Two: Complaint Information

I allege discrimination based on the following protected class(es) and act(s) as described 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”)

- Sexual Harassment:
- Race/Color:
- National Origin:
- Sex/Gender:
- Religion:
- Creed:
- Age:
- Disability:
- Marital Status:
- Political Belief:
- Retaliation for Civil Rights Activity

Act of Discrimination

Please check all that apply.

- Recruitment
- Selection
- Performance Appraisal
- Training
- Promotion
- Discipline
- Demotion
- Termination
- Layoff(RIF)
- Programs or Services offered by Helena College
- Other (specify)

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 individual(s) who discriminated;
4. Details of what occurred;
5. Name(s) of witness(es) (if any) with contact information if possible; and
6. Why you believe the discrimination was based on your protected class as indicated above.

When did the last act of discrimination occur?

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)

What would you like the college to do as a result of your complaint – what remedy are you seeking?

Section Three: Certification

I certify that this information is correct to the best of my knowledge.

Signature of Complainant

Date