



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/Visitors Concerns/Complaints:
 Assistant Dean of Student Affairs/Title IX Coordinator
 1115 N. Roberts, Helena MT 59601
e.stearnssims@umhelena.edu
 406.447.6903

Employees
 Director of Human Resources/EEO
 1115 N. Roberts, Helena MT 59601
matthew.richards@umhelena.edu
 406.447.6925

Section One: Identification (Optional)		
Last Name:	First Name:	Middle Initial:
Street Address:	City and State:	Zip:
Phone Number(s):	Email:	I am:

Section Two: Complaint Information	
I allege discrimination based on the following protected class(es) and act(s) as describe below.	
BASIS OF DISCRIMINATION <i>Please check all that apply and indicate the type of discrimination as indicated.</i>	ACT OF DISCRIMINATION <i>Please check all that apply.</i>
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Race/Color <input type="checkbox"/> National Origin <input type="checkbox"/> Sex/Gender <input type="checkbox"/> Marital Status <input type="checkbox"/> Political Affiliation <input type="checkbox"/> Gender Identify <input type="checkbox"/> Gender Expression <input type="checkbox"/> State or Federal Uniform Service </div> <div style="width: 50%;"> <input type="checkbox"/> Religion <input type="checkbox"/> Creed <input type="checkbox"/> Age <input type="checkbox"/> Disability <input type="checkbox"/> Pregnancy <input type="checkbox"/> Sexual Orientation <input type="checkbox"/> Veteran Status <input type="checkbox"/> Genetic Information </div> </div>	<input type="checkbox"/> Recruitment/Selection <input type="checkbox"/> Layoff (RIF) <input type="checkbox"/> Performance Appraisal <input type="checkbox"/> Training <input type="checkbox"/> Promotion <input type="checkbox"/> Discipline <input type="checkbox"/> Demotion <input type="checkbox"/> Termination <input type="checkbox"/> Program or Services offered by Helena College

DESCRIPTION OF COMPLAINT

Please describe each incident of alleged discrimination separately. For each incident provide the following information. Feel free to use additional pages as needed.

1. Please identify the type of Incident

- | | | |
|--|---|--|
| <input type="checkbox"/> Verbal harassment/assault | <input type="checkbox"/> Threat of physical assault | <input type="checkbox"/> Physical assault |
| <input type="checkbox"/> Internet/email message | <input type="checkbox"/> Damage to property | <input type="checkbox"/> Threat of outing |
| <input type="checkbox"/> Written slur or graffiti | <input type="checkbox"/> Phone harassment | <input type="checkbox"/> Text message harassment |
| <input type="checkbox"/> Stalking | <input type="checkbox"/> Sexual assault | <input type="checkbox"/> Other, please specify |

2. Date(s) the discriminatory action occurred:

3. Where the discriminatory action occurred (if applicable):

4. Name(s) of individual(s) who discriminated:

5. Relationship of offender(s) to victim:

- | | | |
|---|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Stranger | <input type="checkbox"/> Acquaintance | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Relative | <input type="checkbox"/> Classmate | <input type="checkbox"/> Co-worker |
| <input type="checkbox"/> Instructor/professor | <input type="checkbox"/> Supervisor | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Other, please specify <input type="text"/> | | |

6. Details of what occurred:

7. Name(s) of witness(es) (if any) with contact information if possible:

8. 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 believe they were discriminated against by the same individual?

Yes No

If "Yes", please list the individual(s) below (name and contact information)

Section Three: Certification

Reporter information

Thank you for providing this information. Although you may report anonymously, we encourage you to provide your name and contact information so we can provide you with information about additional resources and processes available to you. We will follow up to the extent possible with the information you have provided and any more you choose to provide in the future. Our ability to take remedial action may be limited should you choose to report anonymously.

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

Signature of Complainant

Date

Contact Information