



## 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:  
 Assistant Dean of Student Services/Title IX Coordinator  
 1115 N. Roberts, Helena MT 59601  
 E-mail: [e.stearnssims@umhelena.edu](mailto:e.stearnssims@umhelena.edu)  
 406.447.6903

Employee/Visitors  
 Director of Human Resources  
 1115 N. Roberts, Helena MT 59601  
 E-mail: [kimberly.worthy@umhelena.edu](mailto:kimberly.worthy@umhelena.edu)  
 406.447.6925

Section One: Identification		
Last Name:	First Name:	Middle Initial:
Street Address:	City and State:	Zip:
Phone Number(s):	Email:	I am:
<p><b>Do you need special accommodations for us to communicate with you about this complaint?</b>            (Check all that apply)</p> <p> <input type="checkbox"/> Braille                                  <input type="checkbox"/> Large Print                                  <input type="checkbox"/> Audio                                  <input type="checkbox"/> TDD           </p> <p> <input type="checkbox"/> Sign Language Interpreter           </p> <p> <input type="checkbox"/> Foreign Language Interpreter (specify)           </p> <p> <input type="checkbox"/> Other (specify)           </p>		

**Section Two: Complaint Information**

I allege discrimination based on the following protected class(es) and act(s) as describe below.

<p style="text-align: center;"><b>BASIS OF DISCRIMINATION</b></p> <p style="text-align: center;"><i>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")</i></p>	<p style="text-align: center;"><b>ACT OF DISCRIMINATION</b></p> <p style="text-align: center;"><i>Please check all that apply.</i></p>
<p><input type="checkbox"/> Sexual Harassment:</p> <p><input type="checkbox"/> Race/Color:</p> <p><input type="checkbox"/> National Origin:</p> <p><input type="checkbox"/> Sex/Gender:</p>	<p><input type="checkbox"/> Recruitment</p> <p><input type="checkbox"/> Selection</p> <p><input type="checkbox"/> Performance Appraisal</p> <p><input type="checkbox"/> Training</p> <p><input type="checkbox"/> Promotion</p>

- Religion:
- Creed:
- Age:
- Disability:
- Marital Status:
- Political Belief:
- Retaliation for Civil Rights Activity

- Discipline
- Demotion
- Termination
- Layoff (RIF)
- Programs or Services offered by Helena College
- 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 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*