



Civil Rights Grievance Reporting Form

Directions

If you believe that you have been subjected to unlawful discrimination and/or harassment on the basis of sex, gender, race, color, age, creed, national or ethnic origin, ancestry, physical or mental disability, familial status, veteran or military status, pregnancy status, religion, genetic information, gender identity, or sexual orientation, we ask that you fill out this complaint form. However, depending on the information you verbally provide, the College may be obligated to investigate even without your formal, written complaint. The College can only base its findings and take actions based on the information provided by you. If more space is necessary, please continue your comments on a separate sheet of paper. The completed form must be returned to Angela Johnson, Director of Human Resources at Angela.Johnson@arapahoe.edu or to ACCaskHR@arapahoe.edu.

Grievance Information

Name (Complainant): _____ S# (if applicable): _____

Location: _____ Date of Complaint: _____

Are you an employee, student, authorized volunteer or guest/visitor? (Select one)

Employee Student Authorized Volunteer Guest / Visitor

If you are not the victim, please include their name(s):

Is the victim an employee, student, authorized volunteer, or guest/visitor? (Select one)

Employee Student Authorized Volunteer Guest / Visitor

Name(s) of individual(s) you believe committed the alleged act(s) (Respondent):

Is the respondent an employee, student, authorized volunteer, guest/visitor, or the College? (Select one)

Employee Student Authorized Volunteer Guest / Visitor

Please describe the alleged incident(s), and when and where it occurred. Also, please attach any supporting documentation and/or evidence you may have. If this concerns a class, please indicate the course title.

Civil Rights Grievance Reporting Form

Additional space for description of alleged incident(s):

Identify all individuals with knowledge of the conduct about which you are grieving.

We highly encourage attempting to resolve complaints informally. Would you be interested in attempting this process? (Select one) Yes No

Please describe your requested remedy for this grievance.

Disclosure

To investigate your complaint, it will be necessary to interview you, the alleged respondent(s), and any witnesses with knowledge of the allegations or defenses. The statements and the information that you are providing may be attributed to you and could be included in any investigative reports that are prepared.

Further, it may be necessary to include you as a witness in any hearing that may occur due to these alleged incident(s).

Authorization to disclose identity of person reporting incident*: Yes No

*Please note limiting the College's ability to disclose will affect the College's ability to respond to the grievance.

Civil Rights Grievance Reporting Form

Complainant Contact Information

Phone Number: _____ Alternate Phone Number: _____

Email: _____

Acknowledgment

I, _____ am willing to cooperate fully in the investigation of my complaint and provide whatever evidence the College deems relevant. I affirm that the information I am providing is true and correct to the best of my knowledge. I understand that my statements and the information that I am providing may be attributed to me and could be included in any investigation reports that are prepared. I also understand that this investigation is confidential and for me to disclose any information that I have obtained during the course of this investigation could interfere with the investigation. Further, I understand that discussing this investigation with Non-College Officials could expose me to civil liability under current defamation law. I also understand that if I do not fully cooperate, decisions will be made based on the best information available to the College.

Signature: _____ Date: _____

Family Educational Rights & Privacy Act (FERPA) Authorization (if applicable, for ACC Students)

I, _____ understand that my complaint constitutes an "educational record" as defined by the Family Educational Rights and Privacy Act of 1974 (FERPA). As such, I authorize the College to disclose my name and/or the specific allegation(s) made by me to the Respondent of said allegation(s) and to others identified as material witnesses during the course of this investigation. Other than the aforementioned, I understand that I retain all other rights afforded to me under FERPA.

Signature: _____ Date: _____