



STUDENT COMPLAINT OF ALLEGED DISCRIMINATION OR HARRASMENT

Procedures

Students have the right to a leaning environment, which is free from unlawful discrimination and sexual harassment. WAC 495A-121-041 PROHIBITED CONDUCT (13.14) Students also have the right not to be discriminated against on the basis of age, color, creed, disability, gender, marital status, national origin or ancestry, race, religion, sexual orientation or veteran status. Forms to file a formal complaint against an employee of the College are available in the office of Human Resources.

If you as a student at Bates Technical College believe you have been discriminated against or harassed, you must use this form (or provide the same information required by the form) to report and document your complaint. To the extent possible, information contained in this report will be confidential.

Submit this completed form to Human Resources, the Dean of Student Services, or the Vice President of Student Services.

Please Print:

Name		SID	
Phone(s)			
Program		Instructor	
Filing Date			
<i>The incident/issue/behavior is believed to be:</i>			
<input type="checkbox"/> Discrimination*		<input type="checkbox"/> Harassment**	

The discrimination and/or harassment is believed to be on the basis of (check all that apply)

DISCRIMINATION*							
Written, oral, or graphic racial jokes/slurs/nicknames/innuendoes/derogatory remarks/graffiti/slogans/slurs, physical conduct, and/or criminal offenses directed at the person because of....(check all that apply)							
<input type="checkbox"/>	Age	<input type="checkbox"/>	Disability	<input type="checkbox"/>	National origin/ancestry	<input type="checkbox"/>	Sexual orientation
<input type="checkbox"/>	Color	<input type="checkbox"/>	Gender	<input type="checkbox"/>	Race	<input type="checkbox"/>	Veteran Status
<input type="checkbox"/>	Creed	<input type="checkbox"/>	Marital Status	<input type="checkbox"/>	Religion	<input type="checkbox"/>	Other
Please Identify:							

HARASSMENT**							
<input type="checkbox"/>	Sexual	<input type="checkbox"/>	Sexual Orientation	<input type="checkbox"/>	Racial	<input type="checkbox"/>	Other
Please Identify:							



<i>Description of Incident/Issue (include who did what to whom, when and where):</i>

<i>What efforts have already occurred to resolve the complaint?</i>

<i>Please indicate names, addresses and telephone numbers (if known) of others involved and/or witnesses to the incident and the nature of their involvement:</i>	
Name:	Phone:
Address:	
Involvement:	
Name:	Phone:
Address:	
Involvement:	
Name:	Phone:
Address:	
Involvement:	

Signature of Reporting Person	Date
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Signature of Person Receiving the Completed Complaint Form	Date
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Signature of Human Resources Upon Hearing Complaint	Date
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