

# Indian River State College

## Harassment/Discrimination Complaint Form

This form is to be used to file a complaint of harassment and/or discrimination based on race, color, national origin, ethnicity, sex, religion, age, disability, sexual orientation, marital status, veteran status, or genetic information. This includes any acts of sexual assault, sexual misconduct, sexual battery and other crimes of violence which may have been committed upon any employee, employment applicant, student, prospective student, or non-employee volunteers. Please refer to IRSC's Non-Discrimination and Non-Harassment Policy Violation Reporting Procedures AP-3.131 for more information related to the complaint process.

*(Please Print or Type)*

Today's Date: \_\_\_\_\_ Phone Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Your Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Classification: \_\_\_ Faculty \_\_\_ Staff \_\_\_ Student \_\_\_ Other (please specify: \_\_\_\_\_)

**Please describe the nature of your harassment/discrimination complaint in detail. If needed, attach an additional page.**

I certify that the above (and any of my attached statements) are true and correct.

\_\_\_\_\_

(Your Signature)

.....  
*For Office Use Only:*

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_