



MARICOPA COUNTY COMMUNITY COLLEGE DISTRICT
 2411 West 14th Street, Tempe, AZ 85281-6942

DISCRIMINATION COMPLAINT FORM FOR EMPLOYEES

I. TYPE OF COMPLAINT

What is the basis of the discrimination? Mark all that apply.

- Race
- Disability
- Pregnancy
- Sexual Harassment
- National Origin
- Disabled Veteran
- Age 40 and Over
- Sexual Orientation
- Genetic Information
- Color
- Religion
- Veteran
- Citizenship Status (Including Document Abuse)
- Retaliation
- Sex
- Gender Identity
- Other: (specify)

II. COMPLAINANT

Check One: () Employee () Applicant () Other: (specify)

Name:	Employee ID:	Date:
Address:	City/State:	
Zip Code:	Phone:	Fax:
Job Title:	Supervisor Name:	

Campus:

<input type="checkbox"/> CGCC	<input type="checkbox"/> GWCC	<input type="checkbox"/> PVCC	<input type="checkbox"/> SCC
<input type="checkbox"/> DO	<input type="checkbox"/> GCC	<input type="checkbox"/> PC	<input type="checkbox"/> SMCC
<input type="checkbox"/> EMCC	<input type="checkbox"/> MCC	<input type="checkbox"/> RSC	<input type="checkbox"/> Maricopa Skill Center
<input type="checkbox"/> Southwest Skill Center		<input type="checkbox"/> Other: (specify)	

Status:

<input type="checkbox"/> Full-Time Faculty	<input type="checkbox"/> Part-Time Faculty
<input type="checkbox"/> Administration (Exempt)	<input type="checkbox"/> Support Staff (Non-Exempt)
<input type="checkbox"/> Temporary / Specially Funded	

III. RESPONDENT

Person you believe to be responsible for the alleged difference in treatment and/or discriminatory conduct.

Name:
Gender:
Race/Ethnicity:

The person is () Faculty () Administrator/Staff () Student
 () Other: (specify)

Position/Title:
College/Department/Office:
Telephone Number:

IV. DATE CONDUCT OCCURRED

The date of the most recent alleged difference in treatment and/or discriminatory conduct.

V. FACTS INDICATIVE OF ALLEGED DIFFERENCE IN TREATMENT AND/OR DISCRIMINATORY CONDUCT.

Please describe in detail the incident(s) you consider to be difference in treatment and provide names of all individuals involved. If more space is needed, please attach a word document or pdf.

VI. HARM SUFFERED

(i.e., Termination, Suspension, Demotion, Written Reprimand, Negative Impact on Educational or Work Performance)

VII. HAS THIS ALLEGATION BEEN FILED WITH ANY OTHER OFFICE, FORUM, AND/OR AGENCY?

(i.e., As a labor grievance, with an immediate supervisor, with a department head/chairperson, with an outside agency, etc.)

() Yes () No

If Yes, please provide the following:

Name of Office/Forum/Agency:

Address:

Contact Person:

Contact Phone:

VIII. IDENTIFY ANY WITNESSES WHO CAN SUPPORT YOUR ALLEGATIONS.

These people may be contacted during the course of an investigation.

Name:

Telephone Number:

Address:

Relationship to Complainant (if any):

Name:

Telephone Number:

Address:

Relationship to Complainant (if any):

Name:

Telephone Number:

Address:

Relationship to Complainant (if any):

Name:

Telephone Number:

Address:

Relationship to Complainant (if any):

IX. COMPARATIVES:

(List below the name(s), gender, race/ethnicity of any persons who were treated differently than you under similar circumstances)

1.

2.

X. Affirmation and Authorization for Employees. Must be signed by complainant.

I authorize the EEO/AA Office to contact the person(s) named by me in this complaint to attempt resolution.

I understand it is the practice of the District EEO/AA Office to conduct an investigation of this complaint, maintaining confidentiality to the extent permitted by law. Despite the confidentiality of these proceedings, I understand that during the course of this investigation, it may be necessary to reveal my identity and other facts discovered in this inquiry to the respondent, a limited number of college/District administrators, or persons who may have further information relevant to the complaint. Likewise, I agree to refrain from discussing this investigation with co-workers/students.

I understand that it is both illegal and against District policy for anyone to retaliate against me for filing this complaint. I have been advised to contact the District EEO/AA Office immediately if I experience any retaliation or negative repercussions from filing this discrimination complaint. Retaliation is a separate and distinct matter under the law.

I also understand that by using the Internal Discrimination Complaint process, I have not waived my right to file a similar complaint with an external agency (i.e., U.S. Equal Employment Opportunity Commission) or to seek legal advice from my own attorney.

By signing this document, I acknowledge that the MCCCCD EEO/AA Office is a division of the Legal Services Department and that the EEO/AA Director for the District, or designee, will conduct and/or coordinate the investigation of my internal complaint.

If I choose to file against the District, this will not preclude the EEO/AA Director from conducting a full investigation and rendering independent findings and recommendations. I recognize that information I provide as part of this investigation may be used in future proceedings.

I affirm that the information and documentation I have provided with regard to this complaint is true and accurate to the best of my knowledge. I acknowledge that knowingly providing false information pursuant to this charge and investigation will subject me to disciplinary action, up to and including, termination or academic dismissal.

Employee Signature

Date