Alleged Discrimination and/or Harassment Complaint Form

Date: __________

1) Name: _________________________

2) Classification: (a) faculty; (b) staff; (c) student; (e) other (specify) _____________________

3) Address: __________________________
              __________________________
              __________________________

4) Phone Number:_________________________

5) Position at CSM (if faculty, staff, or student): ____________________________

   Academic Year and Major/College at CSM (if student): _______

6) If faculty or staff, how long have you been employed in your current position at CSM? 
   ____________________.

7) If faculty, staff, or student, are you: (a) full-time; (b) part-time; (c) on special contract 
   (Specify duration) ___________; or (d) (other specify)? ____________

8) Check below why you believe you were discriminated against or harassed:

   □ Race          □ Sex (gender or sexual harassment)
   □ National Origin □ Age
   □ Sexual Orientation □ Religion
   □ Disability    □ Veteran Status
   □ Ethnicity     □ Marital Status
   □ Other (Specify)____________________

9) Date(s) of incident: ____________________________

10) Name and title of person(s) you believe discriminated against or harassed you:

    Name                  Title                  Campus/Department
    _____________________  ___________________  ___________________

    Name                  Title                  Campus/Department
    _____________________  ___________________  ___________________
Please provide a detailed explanation of the nature of the alleged discrimination using the following format (Please use additional paper if necessary):

10) What happened or was said that caused the alleged discrimination or harassment?  
(If additional space is needed attached another sheet of paper).

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

11) When did the alleged discrimination occur (date) and is it still ongoing?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

12) Where did the alleged discrimination occur?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

13) How often did the alleged discrimination occur?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

14) What response did you make when the incident(s) occurred or afterwards?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

15) Was there anyone present when the alleged incident(s) occurred? Please provide information. Did anyone see you immediately after the alleged incident?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
16) Is there anyone else who has relevant information? Who are they? (please provide name, contact information and a description of the relevant information.)


17) Did you tell anyone about it? Who?


18) Does anyone else have similar concerns about the accused personal behavior? (If yes please provide name, contact information and a description of the relevant information.)


19) How would you like to see this matter resolved?


20) Have you discussed this issue with any other offices on campus?
   (a) Yes         (b) No
   If yes, with which office and what were the results?
21) Has there been any offer made to you to informally resolve your issue?
   (a) Yes  (b) No
   If yes, what was the offer and what were the results?

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

22) Do you have any other relevant information? (notes, physical evidence or other documentation attached them with your statement).

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Signature of the Complainant: _______________________________________
Date: ___________________________________________________________________

Please return the completed form to:

College of Southern Maryland
Diversity and Equal Opportunity Department
8730 Mitchell Road
La Plata, MD  20646

If you need any assistance completing this form, please contact the Diversity and Equal Opportunity Department at 301-934-7658 or 301-934-7659