

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): _____ if a student, how long have you been at CSM? _____

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

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

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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?

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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?

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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: _____

**For student discrimination inquiries,
please return the completed form to:**

titleix@csmd.edu

or

College of Southern Maryland
Student Affairs Department
Administration (AD) Building, Room 220A
8730 Mitchell Road
La Plata, MD 20646

***For all other discrimination inquiries, contact
Human Resources—La Plata Campus, Campus Center
(CC Building), Room 212, 301-934-7700.***