
DISCRIMINATION COMPLAINT FORM

FOR STUDENTS

You may submit a discrimination complaint by completing this form. If you wish to verbally submit a complaint, please contact the Vice President for Student Services or the Dean of Student Affairs at your college.

If your complaint addresses Sexual Harassment, please click the following link for the appropriate process:
[Sexual Harassment – Administrative Policy 2.4.4](#)

SECTION ONE - Personal Information

Name:

Address:

City/State:

Zip Code:

Phone: Home Work Cell

Phone: Home Work Cell

At Which Campus are you enrolled?

Chandler-Gilbert

Gateway

Paradise Valley

Scottsdale

Glendale

Phoenix

Estrella Mountain

Mesa

Rio Salado

South Mountain

Skill Center

SECTION TWO – The Complaint

Type of Complaint - What is the basis of the discrimination? Please mark ALL that apply

Race/Color

Disability

Pregnancy

Religion

Retaliation

Veteran Status

Age (over 40)

Sex

Sexual Orientation

Other

Person(s) Discriminating Against You

Name:

Department:

Position:

Name:

Department:

Position:

DATE: 2/27/2018

Please describe your complaint against the above-named person(s). Specifically, how were you discriminated against or treated differently from others based on the type of complaint you have chosen.

If your complaint deals with failure to reasonably accommodate your disability, please describe the accommodation that was requested, if any.

Most Recent Date of Discrimination:

Person(s) Who Have Knowledge of the Events Described Above. Please note that these individuals may be contacted during the course of an investigation.

Name:

Title:

Location:

Phone:

What did this person see or hear regarding the events described above?

Name:

Title:

Location:

Phone:

What did this person see or hear regarding the events described above?

Name:

Title:

Location:

Phone:

What did this person see or hear regarding the events described above?

SECTION THREE - Actions

Please describe any actions you may have taken within the District regarding this complaint. Please include the names of any individuals you have spoken to regarding this complaint and any outcomes that may have resulted.

SECTION FOUR – Affirmation and Authorization for Students

I authorize the official who investigates this complaint to contact the person(s) named by me in this complaint to attempt resolution.

I understand that an investigation of this complaint will be conducted and that it is the practice in such an investigation to maintain confidentiality to the extent permitted by law. Despite the confidentiality of the proceedings, I further understand that during the course of this investigation over this complaint, it may be necessary to reveal facts that discovered in this inquiry to persons who may have further information relevant to the complaint.

Likewise, I agree to refrain from discussing this investigation with other individuals.

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 Office of Students Affairs immediately if I experience any retaliation or negative repercussions from filing this 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 or to seek legal advice from my own attorney. 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 academic dismissal.

Signature

Date