

Discrimination Complaint Form

Use this form to report allegations of discrimination, harassment, or retaliation.

Equal Opportunity Statement

It is the policy of Germanna Community College and the Virginia Community College System to maintain and promote equal employment and educational opportunities without regard to race, color, national origin and/or ethnicity, religion, disability, sex, sexual orientation, gender identity or expression, marital status, pregnancy, childbirth or other related lactation conditions, age (except when age is a bona fide occupational qualification), veteran status, political affiliation or genetic information.

Complainant's Information: The Complainant is the person alleging discrimination, harassment, or retaliation. Someone may file a complaint on behalf of the complainant should the complainant wish to remain anonymous.

Name:

Title:

E-Mail:

Status:

Basis of the Complaint

For example, if you believe you were treated unfairly because of race, you should check the box next to race. If you believe you were treated unfairly for several reasons, check all that apply.

- | | | | |
|------------------------------------|---|---|--|
| <input type="checkbox"/> Race | <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> National Origin | <input type="checkbox"/> Veteran Status |
| <input type="checkbox"/> Color | <input type="checkbox"/> Disability | <input type="checkbox"/> Religion | <input type="checkbox"/> Political Affiliation |
| <input type="checkbox"/> Sex | <input type="checkbox"/> Marital Status | <input type="checkbox"/> Pregnancy/Childbirth/Lactation | <input type="checkbox"/> Genetic Information |
| <input type="checkbox"/> Ethnicity | <input type="checkbox"/> Gender Identity/Expression | <input type="checkbox"/> Age (over 40) | <input type="checkbox"/> Other, |

Is this complaint regarding retaliation?

Respondent(s) Information: The Respondent is the person accused of discrimination, harassment, or retaliation.

Name: _____

Title: [Click or tap here to enter text.](#)

Dept/Unit: _

E-Mail:

Phone:

Status: Faculty

1. What happened?

2. Have you attempted to resolve this complaint with anyone else at the College?

No

If yes, indicate name and state results.

Click or tap here to enter text.

3. Does anyone else have knowledge of what occurred?

Yes

If yes, please indicate name(s), title and contact information.

Click or tap here to enter text.

4. What resolution or remedy are you seeking?

Attaching additional documentation?

No

I certify that the information I have provided is true and accurate to the best of my knowledge and belief.

Complainant's Signature _____

Date : ap to enter a date.

Please submit this form to *DiscriminationComplaints@germanna.edu* or directly to the Office of Human Resource, Attn: Equal Opportunity Officer

Fredericksburg Area Campus
10000 Germanna Point Dr.
Fredericksburg, VA 22408

Locust Grove Campus
2130 Germanna Hwy.
Locust Grove, VA 22508

Workforce Building, Room 209

Slaughter Building, Room 102