

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 & Department:

E-Mail:

Phone:

Status: Staff Faculty Job Applicant Other, _____

Basis of the Complaint

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? Yes No

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

Name:

Title & Department:

E-Mail:

Phone:

Status: Staff Faculty Job Applicant Other, _____

1. What happened?

Please briefly explain what occurred. Include when (dates), where and how it occurred.

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

Yes No If yes, indicate name and state results.

3. Does anyone else have knowledge of what occurred?

Yes No If yes, please indicate name(s) and contact information.

4. What resolution or remedy are you seeking?

Attaching additional documentation?

Yes No

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

Complainant's Signature _____

OR Signature of Person filing on behalf of the Complainant _____

Date _____

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

Fredericksburg Area Campus
Workforce Building, Room 209
10000 Germanna Point Dr.
Fredericksburg, VA 22408