This is the official form to be used by all administrators, faculty, staff, employees, students, visitors, volunteers, and contractors when filing a claim of discrimination or harassment, or to file a grievance. As used herein “complaint” is synonymous with “grievance”.

All complaints of harassment/discrimination are to be entered on this form and sent to the Chief

Human Resource Officer, Bldg. 25-220, 2011 Mottman Rd. SW, Olympia, WA 98512

If an employee or person believes that s/he has been discriminated against or harassed, knows of discrimination or harassment taking place; or feels a violation, misinterpretation, or misapplication of written college policies or the provisions of federal and state nondiscrimination laws has occurred; s/he is encouraged to bring the information to management’s attention immediately.

Conduct prohibited by SPSCC policy are those actions which allege discrimination, sexual harassment, sexual misconduct, domestic violence, dating violence, and/or retaliation. Other complaints will be sent to the appropriate administrator for consideration and investigation.

Name of person making complaint: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] Employee [ ] Student [ ] Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name, title or other description of individual(s) against whom the complaint is directed:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please check the type of discrimination or harassment that relates to this complaint:

[ ]  Age [ ]  Disability [ ]  Parental/Pregnancy [ ]  Sexual Harassment

[ ]  Aids/HIV/HepC [ ]  Gender [ ]  Race [ ]  Sexual Orientation

[ ]  Color [ ]  Marital Status [ ]  Religion [ ]  Veterans Status

[ ]  Creed [ ]  Nationality/Ethnic Origin [ ]  Retaliation

[ ]  Other (describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RETALIATION IS EXPRESSLY PROHIBITED**

SPSCC is committed to protecting any participant in the complaint process from retaliation. You have the right at any time to raise the issue without fear of reprisal.

\*To the fullest extent possible, proceedings and investigations will be conducted in a manner protecting the confidentiality of all involved. Anonymity and complete confidentiality cannot be guaranteed once a complaint is made or unlawful behavior is made known; however, files pertaining to the complaints will be maintained in confidence to the fullest extent of the law. ***SPSCC cannot guarantee complete confidentiality.***

|  |
| --- |
| **Basis of Complaint**- **Please state nature of alleged violation(s), including policy, rule or law violated:**       |
| **Clear and concise statement of facts upon which complaint is based (including times, dates, places and individuals involved):**      **Witness Contact Information:**       |
| **What, if any, efforts have been made to resolve the issue prior to submitting this complaint?**      |
| **Please include a statement of requested remedy or corrective action:**      |

Additional sheets may be submitted if needed to provide necessary information or documentation.

Signature of Complainant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TO BE COMPLETED BY THE HUMAN RESOURCE OFFICE**

Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SPSCC Nondiscrimination Complaint/Grievance Procedure Form

Rev: 8/31/2016 lmd