



Office Human Resources - 225 East Las Olas Boulevard - Fort Lauderdale, FL 33301 - 954-201-7451

**To file a complaint of discrimination, harassment or retaliation, fill in this form and mail or deliver to the above address, within 90 days of the alleged incident.**

**DISCRIMINATION / HARASSMENT**

- Race or Color    Age    National Origin    Disability    Sex    Religion    Sexual Orientation  
 Marital Status    Other (please specify) \_\_\_\_\_

**CURRENT STATUS OF COMPLAINANT**

- Employee    Student    Applicant    Other (please specify) \_\_\_\_\_

Name (First, Middle, Last) \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Direct Supervisor \_\_\_\_\_ Position Title \_\_\_\_\_

Employment Status    Full Time    Part Time

Department \_\_\_\_\_ Campus \_\_\_\_\_ Bldg. \_\_\_\_\_ Room \_\_\_\_\_

Respondent \_\_\_\_\_ Title (if known) \_\_\_\_\_

Please check the appropriate box(es), sign and date:

- I have filed an informal complaint on \_\_\_\_\_ and now elect to utilize the formal complaint process.  
 I elect to utilize the informal complaint process \_\_\_\_\_  
 I elect to proceed immediately to file a formal complaint \_\_\_\_\_

**COMPLAINT DESCRIPTION**

Date(s) of alleged incident(s) or continuing discrimination, harassment or retaliation took place \_\_\_\_\_

Describe in detail the alleged discrimination, harassment or retaliation (include any witnesses and harm suffered) \_\_\_\_\_

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

Have you reported the incident to your supervisor?    Yes    No

Action taken or suggested resolution \_\_\_\_\_

Have you filed a complaint with any other agency?    Yes    No

Relief that you are seeking \_\_\_\_\_

Identify person(s) responsible for alleged discrimination, harassment or retaliation and connection to the college

\_\_\_\_\_

Identify all employees or others with knowledge of the conduct in this complaint \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_