



Discrimination and Sexual Harassment Complaint Form

Title VII of the Civil Rights Act of 1964, The Age Discrimination in Employment Act of 1967, and the Americans with Disabilities Act of 1990 are all-encompassing federal laws that prohibit discrimination based upon race, color, religion, sex, national origin, age, marital status, sexual orientation and disability. Title IX of the Education Amendments of 1972 is an all-encompassing federal law that prohibits discrimination based on the gender of students of educational institutions which receive federal financial assistance.

A written complaint shall be filed within forty-five (45) days of the alleged incident of discrimination or sexual harassment. When you complete this form within the required timeline, your complaint of discrimination and/or sexual harassment has been properly received and noted by South Suburban College. South Suburban College will provide you with a copy of this form as well as complete information about the complaint process. Information about the complaint resolution process may also be found in the South Suburban College Catalog and the Policies of the Board of Trustees. Upon the filing of a complaint, the accused will be notified. The Title IX Coordinator or Affirmative Action Officer will conduct a thorough investigation of the complaint within thirty (30) days of its receipt. The time period may be extended for justifiable reasons or by mutual consent. The complainant and the accused shall be informed of any time extensions.

Student complaints are filed with:

Title IX Coordinator
Dr. Deborah Baness-King, Vice President Student & Enrollment Services
708-596-2000 ext. 5816
dking@ssc.edu.

Employee complaints are filed with:

Affirmative Action Officer
Kim Pigatti, Director of Human Resources
708-596-2000 ext. 5719
kpigatti@ssc.edu.

All complaints will be investigated in order to determine if the individual filing the complaint has been harmed through discrimination and/or sexual harassment.

Please check the applicable boxes. I am filing this complaint as a:

☐ Faculty ☐ Staff ☐ Student ☐ Community Member

Name (Identification Number)

Department (if applicable)

Work Phone Home or Cell Phone

Work Address

Home Address

Type of Complaint

Check all that apply (v)

- | | |
|--|--|
| <ul style="list-style-type: none"><input type="checkbox"/> Race Discrimination<input type="checkbox"/> Color Discrimination<input type="checkbox"/> Religious Discrimination<input type="checkbox"/> Sex Discrimination<input type="checkbox"/> National Origin Discrimination<input type="checkbox"/> Age Discrimination<input type="checkbox"/> Marital Status Discrimination<input type="checkbox"/> Sexual Orientation Discrimination<input type="checkbox"/> Disability Discrimination<input type="checkbox"/> Retaliation<input type="checkbox"/> Bullying | <ul style="list-style-type: none"><input type="checkbox"/> Cyber bullying<input type="checkbox"/> Gender Discrimination<input type="checkbox"/> Gender Inequity<input type="checkbox"/> Sexual Harassment<input type="checkbox"/> Sexual Violence<input type="checkbox"/> Sexual Assault<input type="checkbox"/> Sexual Misconduct<input type="checkbox"/> Stalking<input type="checkbox"/> Rape<input type="checkbox"/> Relationship Violence<input type="checkbox"/> Other Harassment based upon Sex |
|--|--|

Complaint: Describe your complaint and the date(s) of each occurrence. Please summarize below and attach additional pages describing your complaint if necessary.

Please list the name(s), department(s) or titles(s) of all other persons with whom you have discussed this matter and state the date(s) of the discussion(s) or communication(s).

1.

2.

3.

4.

5.

Please list all witnesses you believe have knowledge of the events and the relationship (The relationship information requested means co-worker, supervisor, customer, student, faculty, instructor, etc.) and their contact information, if known.

1.

2.

3.

4. _____

5. _____

Name of person or persons you believe committed the offense against you and how you have contact with them, e.g. supervisor, co-worker, faculty, instructor, student, customer.

Describe the resolution you are seeking. Attach additional pages if necessary.

For retaliation complaints, please explain why you believe someone retaliated against you, and the date of each act of retaliation:

I certify the aforementioned is true and correct.

Complainant Signature

Date

For the Title IX Coordinator or Affirmative Action Officer

Complaint taken by:

Print Name

Signature

Date