

South Suburban College

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.

Complaints by students are filed with the Title IX Investigator, Ms. Devon Powell, Dean of Student Services, telephone number 708-596-2000 ext. 5841 and email address dpowell@ssc.edu. Complaints by employees are filed with the Affirmative Action Officer, Ms. Kim Pigatti, Dean of Human Resources, telephone number 708-596-2000 ext. 5719 and email address 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: check one: (v)

Faculty

Staff

Student

Community Member

Name

Department (if applicable)

Work Phone

Home or Cell Phone

Work Address

Home Address

Identification Number (Employee or Student)

Have you brought this matter to the attention of any other department(s) or administrator(s) at the College?

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

Type of Complaint

Check all that apply (v)

<input type="checkbox"/> Race Discrimination	<input type="checkbox"/> Cyber bullying
<input type="checkbox"/> Color Discrimination	<input type="checkbox"/> Gender Discrimination
<input type="checkbox"/> Religious Discrimination	<input type="checkbox"/> Gender Inequity
<input type="checkbox"/> Sex Discrimination	<input type="checkbox"/> Sexual Harassment
<input type="checkbox"/> National Origin Discrimination	<input type="checkbox"/> Sexual Violence
<input type="checkbox"/> Age Discrimination	<input type="checkbox"/> Sexual Assault
<input type="checkbox"/> Marital Status Discrimination	<input type="checkbox"/> Sexual Misconduct
<input type="checkbox"/> Sexual Orientation Discrimination	<input type="checkbox"/> Stalking
<input type="checkbox"/> Disability Discrimination	<input type="checkbox"/> Rape
<input type="checkbox"/> Retaliation	<input type="checkbox"/> Relationship Violence
<input type="checkbox"/> Bullying	<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.

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 corrective action 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:

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. _____

I certify the aforementioned is true and correct.

Your signature

Date

For the Title IX Coordinator or Affirmative Action Officer

Complaint taken by

Signature

Date