



MARICOPA COUNTY COMMUNITY COLLEGE DISTRICT
2411 West 14th Street, Tempe, AZ 85281-6942

DISCRIMINATION COMPLAINT FORM
FOR EMPLOYEES

I. TYPE OF COMPLAINT

What is the basis of the discrimination? Mark all that apply.

- Checkboxes for: Race, Disability, Pregnancy, Sexual Harassment, National Origin, Disabled Veteran, Age 40 and Over, Sexual Orientation, Genetic Information, Color, Religion, Veteran, Citizenship Status, Retaliation, Sex, Gender Identity, Other.

II. COMPLAINANT

Check One: () Employee () Applicant () Other: (Specify) _____

Name: _____ Employee ID: _____ Date: _____
Address: _____ City/State: _____
Zip Code: _____ Phone: _____ Fax: _____
Job Title: _____ Supervisor Name: _____

- Campus: CGCC, DO, EMCC, Southwest Skill Center, GWCC, GCC, MCC, PVCC, PC, RSC, Other, SCC, SMCC, Maricopa Skill Center

- Status: Faculty, Management (MAT), M&O, P/T Faculty, Skill Center, Temp./Specially Funded, Crafts, Support (PSA)

III. RESPONDENT

Person you believe to be responsible for the alleged difference in treatment and/or discriminatory conduct.

Name: _____
Gender: _____
Race/Ethnicity: _____

The person is () Faculty () Administrator/Staff () Student
() Other (specify) _____

Position/Title: _____
College/Department/Office: _____
Telephone Number: _____

VII. HAS THIS ALLEGATION BEEN FILED WITH ANY OTHER OFFICE, FORUM, AND/OR AGENCY?

(i.e., As a labor grievance, with an immediate supervisor, with a department head/chairperson, with an outside agency, etc.)

() Yes () No

If Yes, please provide the following:

Name of Office/Forum/Agency: _____

Address: _____

Contact Person: _____

Contact Phone: _____

VIII. IDENTIFY ANY WITNESSES WHO CAN SUPPORT YOUR ALLEGATIONS.

These people may be contacted during the course of an investigation.

Name: _____

Telephone Number: (____) ____ - _____

Address: _____

Relationship to Complainant (if any) _____

Name: _____

Telephone Number: (____) ____ - _____

Address: _____

Relationship to Complainant (if any) _____

Name: _____

Telephone Number: (____) ____ - _____

Address: _____

Relationship to Complainant (if any) _____

Name: _____

Telephone Number: (____) ____ - _____

Address: _____

Relationship to Complainant (if any) _____

IX. COMPARATIVES:

(List below the name(s), gender, race/ethnicity of any persons who were treated differently than you under similar circumstances)

1. _____

2. _____

X. Affirmation and Authorization for Employees. Must be signed by complainant.

I authorize the EEO/AA Office to contact the person(s) named by me in this complaint to attempt resolution.

I understand it is the practice of the District EEO/AA Office to conduct an investigation of this complaint, maintaining confidentiality to the extent permitted by law. Despite the confidentiality of these proceedings, I understand that during the course of this investigation, it may be necessary to reveal my identity and other facts discovered in this inquiry to the respondent, a limited number of college/District administrators, or persons who may have further information relevant to the complaint. Likewise, I agree to refrain from discussing this investigation with co-workers/students.

I understand that it is both illegal and against District policy for anyone to retaliate against me for filing this complaint. I have been advised to contact the District EEO/AA Office immediately if I experience any retaliation or negative repercussions from filing this discrimination complaint. Retaliation is a separate and distinct matter under the law.

I also understand that by using the Internal Discrimination Complaint process, I have not waived my right to file a similar complaint with an external agency (i.e., U.S. Equal Employment Opportunity Commission) or to seek legal advice from my own attorney.

By signing this document, I acknowledge that the MCCCCD EEO/AA Office is a division of the Human Resources Department and that the EEO/AA Manager for the District, or designee, will conduct and/or coordinate the investigation of my internal complaint.

If I choose to file against the District, this will not preclude the EEO/AA Manager from conducting a full investigation and rendering independent findings and recommendations. I recognize that information I provide as part of this investigation may be used in future proceedings.

I affirm that the information and documentation I have provided with regard to this complaint is true and accurate to the best of my knowledge. I acknowledge that knowingly providing false information pursuant to this charge and investigation will subject me to disciplinary action, up to and including, termination or academic dismissal.

Employee Signature

Date