



## COMPLIANCE COMPLAINT

This form is to be completed by the complainant and filed with the Title IX coordinator at [compliance@cf.edu](mailto:compliance@cf.edu).

This form supports Policy 1.01 and Implementing Procedure Discrimination, Harassment and Sexual Harassment for Employees and Students. The purpose of this form is to file a discrimination, harassment or sexual harassment complaint.

<b>Name:</b> _____	
Last	First
Middle (complete)	
<b>Job Title:</b> _____	
<b>Department:</b> _____	
<b>Telephone:</b> _____	
Work	Home
Cell	
<b>Status:</b>	<input type="checkbox"/> Administration <input type="checkbox"/> Job Applicant <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Student
<b>Type of Complaint:</b>	<input type="checkbox"/> Formal <input type="checkbox"/> Informal
<b>Dates of alleged discrimination:</b>	<b>Basis of allegations:</b>
	<input type="checkbox"/> Age
	<input type="checkbox"/> Color
	<input type="checkbox"/> Disability Status
	<input type="checkbox"/> Ethnicity
	<input type="checkbox"/> Gender
	<input type="checkbox"/> Gender Identity
	<input type="checkbox"/> Genetic Information
	<input type="checkbox"/> Marital Status
	<input type="checkbox"/> National Origin
	<input type="checkbox"/> Pregnancy
	<input type="checkbox"/> Race
	<input type="checkbox"/> Religion
	<input type="checkbox"/> Retaliation
	<input type="checkbox"/> Sexual Orientation
	<input type="checkbox"/> Veteran Status
	<input type="checkbox"/> Other (list in box below):

<b>Name and Title of person(s) you believe discriminated against you:</b> (Please provide name, title and contact)
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**In the space below, please describe in detail the facts surrounding the alleged incident(s) of discrimination.**  
Use additional paper if necessary.

**Additional sheets?** Yes  No

**What has been your response to the alleged harassment/discrimination?**

**Please provide names of witnesses.** (Please provide name, title and contact)

**Have you filed a previous grievance on the issues presented in this complaint?**

Yes  No

**If Yes, Date?**

**Date Filed:** \_\_\_\_\_

Complainant's Signature \_\_\_\_\_

**Date Received:** \_\_\_\_\_

Investigating Officer's Signature: \_\_\_\_\_