



## Discrimination & Harassment Complaint Form

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**JC Status:**       Faculty/Staff       Student       Other (please specify) [Click here to enter text.](#)

**To file a complaint against a faculty or staff member:** Submit this form to the Human Resources Dept. in person at Potter Center, Room 210; via fax to (517) 796-8459, or via e-mail to [AllenCynthiaS@jccmi.edu](mailto:AllenCynthiaS@jccmi.edu). A form can be requested by calling (517) 796-8460 or on Human Resources Department's web site at [www.jccmi.edu/humanresources](http://www.jccmi.edu/humanresources) and click on forms. If a faculty or staff member is notified of an allegation, he/she must notify JC HR as soon as possible. In addition to notifying HR, someone can also refer people to HR. *Filing an allegation of discrimination or harassment with the college does not preclude an alleger from filing an allegation with an external agency nor does it extend time limits for such complaints.*

**To file a complaint against a student:** If you have a complaint against a student, submit this form to Student Services, in person at Bert Walker Hall, Room 100, via fax to (517) 796-8446, or via email to Jeremy Frew at [FrewJeremyR@jccmi.edu](mailto:FrewJeremyR@jccmi.edu). A form can be requested by calling (517) 796-8460 or on Human Resources Department's web site at [www.jccmi.edu/humanresources](http://www.jccmi.edu/humanresources) and click on forms.

### Person alleging discrimination/harassment

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Dept. \_\_\_\_\_ Email Address: \_\_\_\_\_

Contact address: \_\_\_\_\_

Phone Number: (Daytime) \_\_\_\_\_ (Evening): \_\_\_\_\_

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### Person against whom allegation of discrimination/harassment is being made:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Dept. \_\_\_\_\_ Email address: \_\_\_\_\_

Contact address: \_\_\_\_\_

Phone Number: (Daytime) \_\_\_\_\_ (Evening): \_\_\_\_\_

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### Person referring the complaint (if different from person alleging discrimination/harassment):

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Dept. \_\_\_\_\_ Email address: \_\_\_\_\_

Contact Address: \_\_\_\_\_

Phone Number: (Daytime) \_\_\_\_\_ (Evening): \_\_\_\_\_

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**Describe specific act(s) alleged with date(s), time(s) and location(s) if possible.  
If additional space is needed, use reverse side of paper or attach additional sheet(s):**

Were witnesses present for the alleged behavior?  Yes  No  
If yes, please list names and contact information.

If alleging harassment, did you take any action to stop the harassment?  Yes  No  
If yes, please summarize the action taken:

What action are you seeking from this complaint?

Signed \_\_\_\_\_ Date \_\_\_\_\_