Northwest Louisiana Technical College
Discrimination/Harassment Complaint Form

Name of Complainant: _____________________ Date form completed: ____________
Department/Institution: ____________________________________________________
Home Phone: _______________________
Business Phone: _____________________

1. Charge of discrimination based on:

( ) Race/Color
( ) Sex

( ) Sexual Orientation
( ) Religious Creed

( ) National Origin/Ancestry
( ) Disability or Medical Condition

( ) Age
( ) Other _________________________

2. Statement of Discrimination/Harassment, please provide the following information (use an attached sheet if necessary):
   a. Date(s), time(s), and location(s) of the incident/incidences that took place

   b. Description of each incident: e.g., was any physical contact made? what was said and/or done? etc.

   c. Name(s) of anyone present during each incident

   d. Anyone with whom you’ve discussed the incident/incidences

Comments:

Complainant Signature: ________________ Date: ________________
Complaint Recipient Signature: ________________ Date: ________________