

**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: \_\_\_\_\_