



BOSSIER PARISH COMMUNITY COLLEGE
Grievance/Discrimination/Harassment/Title IX Violation Form*

Complainant: _____ Date Form Completed: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____

1. If discrimination or harassment, charge based on:

- | | |
|---|--|
| <input type="checkbox"/> Race/color | <input type="checkbox"/> Sex |
| <input type="checkbox"/> Sexual orientation | <input type="checkbox"/> Religious creed |
| <input type="checkbox"/> National origin/ancestry | <input type="checkbox"/> Disability or medical condition |
| <input type="checkbox"/> Age | <input type="checkbox"/> Other _____ |

2. If grievance, charge based on alleged unfair treatment with respect to the application of:

- Policy Procedure Regulation

3. Statement of grievance/discrimination/harassment/Title IX violation. Please provide the following information (use an additional sheet if necessary).

- a. Date(s), time(s), and location(s) of the alleged incident(s):
- b. Description of each incident: e.g. Was any physical contact made? What was said and/or done?
- c. Name(s) of person(s) against whom grievance is being filed (if known):
- d. Name(s) of anyone else present during each incident:
- e. Name(s) of others who might have been subjected to same or similar conduct:
- f. Requested actions:

Complainant Signature: _____ Date: _____

Complaint Recipient Signature: _____ Date: _____

* This form is to be used for non-academic grievances.