

Complaint Number \_\_\_\_\_

## EMPLOYEE INTERNAL COMPLAINT INTAKE FORM

This complaint form is to be utilized for reporting conduct that is believed to be in violation of St. Mary's College of Maryland's policies.

<p><b>1. COMPLAINANT</b> – Person who alleges the violation of St. Mary's College of Maryland's policies:</p> <p>Last Name <input style="width: 100%;" type="text"/></p> <p>First Name <input style="width: 100%;" type="text"/></p> <p>Primary Role <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Third Party on Campus:  <input type="checkbox"/> Other, please state:  <input style="width: 100%;" type="text"/></p> <p>Position / Title <input style="width: 100%;" type="text"/></p> <p>School / Dept. <input style="width: 100%;" type="text"/></p> <p>Home Address <input style="width: 100%;" type="text"/></p> <p>City <input style="width: 20%;" type="text"/> State <input style="width: 10%;" type="text"/> Zip Code <input style="width: 20%;" type="text"/></p> <p>Phone Number <input style="width: 100%;" type="text"/></p> <p>Email <input style="width: 100%;" type="text"/></p>	<p><b>RESPONDENT</b> – Person you believe to be responsible for the alleged violation of St. Mary's College of Maryland's policies:</p> <p>Last Name <input style="width: 100%;" type="text"/></p> <p>First Name <input style="width: 100%;" type="text"/></p> <p>Primary Role <input type="checkbox"/> Faculty <input type="checkbox"/> Student <input type="checkbox"/> Third Party on Campus:  <input type="checkbox"/> Staff <input type="checkbox"/> Other, please state:  <input style="width: 100%;" type="text"/></p> <p>Position / Title <input style="width: 100%;" type="text"/></p> <p>School / Dept. <input style="width: 100%;" type="text"/></p> <p>Home Address <input style="width: 100%;" type="text"/></p> <p>City <input style="width: 20%;" type="text"/> State <input style="width: 10%;" type="text"/> Zip Code <input style="width: 20%;" type="text"/></p> <p>Phone Number <input style="width: 100%;" type="text"/></p> <p>Email <input style="width: 100%;" type="text"/></p>
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**2. BASIS OF YOUR COMPLAINT:** What is the reason for your complaint? (Please check all applicable items.)

<input type="checkbox"/> Age	<input type="checkbox"/> Ancestry	<input type="checkbox"/> Color	<input type="checkbox"/> Disability	<input type="checkbox"/> Gender Expression
<input type="checkbox"/> Gender Identity	<input type="checkbox"/> Genetic Information	<input type="checkbox"/> Harassment	<input type="checkbox"/> Marital Status	<input type="checkbox"/> National Origin
<input type="checkbox"/> Political Affiliation	<input type="checkbox"/> Pregnancy	<input type="checkbox"/> Race/Ethnicity	<input type="checkbox"/> Religion	<input type="checkbox"/> Reprisal/Retaliation
<input type="checkbox"/> Sex	<input type="checkbox"/> Sexual Harassment	<input type="checkbox"/> Sexual Misconduct	<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> Title IX
<input type="checkbox"/> Veteran Status	<input type="checkbox"/> Other, please state: <input style="width: 100%;" type="text"/>			

If you checked color, religion or national origin, please specify:

If you checked genetic information, how did the Respondent obtain the genetic information:

What type of genetic information is involved:  genetic testing  family medical history  genetic services

**3. ADVERSE ACTION AGAINST YOU:** Indicate action(s) you believe the Respondent(s) took or failed to take because of age, ancestry, color, disability, gender expression/identity, genetic information, marital status, national origin, political affiliation, pregnancy, race/ethnicity, religion, sex, sexual harassment/misconduct/orientation, Title IX, veteran status, or other protected category. (Please check all applicable items.)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Access to Program/Activity | <input type="checkbox"/> Accommodation to Disability | <input type="checkbox"/> Award                            |
| <input type="checkbox"/> Bullying                   | <input type="checkbox"/> Demotion                    | <input type="checkbox"/> Evaluation                       |
| <input type="checkbox"/> Harassment                 | <input type="checkbox"/> Hazing                      | <input type="checkbox"/> Hiring                           |
| <input type="checkbox"/> Intimidation               | <input type="checkbox"/> Job Assignment              | <input type="checkbox"/> Job Benefits                     |
| <input type="checkbox"/> Pregnancy Leave            | <input type="checkbox"/> Promotion                   | <input type="checkbox"/> Recall                           |
| <input type="checkbox"/> Segregated Facilities      | <input type="checkbox"/> Seniority                   | <input type="checkbox"/> Suspension                       |
| <input type="checkbox"/> Testing                    | <input type="checkbox"/> Training                    | <input type="checkbox"/> Wages                            |
| <input type="checkbox"/> Other, please state:       |  | <input type="checkbox"/> Exclusion from Program /Activity |
|   |  | <input type="checkbox"/> Layoff                           |
|   |  | <input type="checkbox"/> Religious Observance             |
|   |  | <input type="checkbox"/> Termination                      |
|   |  | <input type="checkbox"/> Working Conditions               |

**4. INFORMATION ABOUT THE INCIDENT(S):** Provide general information about your allegations.

Date conduct occurred: (Please provide the date of the last alleged act of discrimination.)

Number of Incidents:  Name of Supervisor or Manager aware of your allegations:

Witness 1 : Name  Title/Role/Department:

Witness 2: Name  Title/Role/Department:

Witness 3 : Name  Title/Role/Department:

Witness 4: Name  Title/Role/Department:

Witness 5 : Name  Title/Role/Department:

**5. NATURE OF THE COMPLAINT:** Explain as briefly and clearly as you can what happened and how you believe you were mistreated. Please be sure to include the following, at a minimum:

- Why you believe you were mistreated;
- What harm, if any, was caused to you or others as a result of the alleged discriminatory act(s);
- Dates, places, names and titles or persons involved and witnesses, if any;
- How you believe other persons were treated differently from you;
- What explanation, if any, was offered for the act(s) by the Respondent(s);
- Attach any written documentation pertaining to this matter.

If this complaint is based on disability, please describe the disability, your history of disability, or why you think you were/are regarded as disabled.

I believe that I have been subjected to a College policy violation because (if necessary, attach additional sheets):

**6. RELIEF SOUGHT:** What remedy(ies) do you seek to resolve this complaint to your satisfaction? (i.e., stop inappropriate behavior reinstatement of job or status, removal of discipline, etc.)

**7. SIGNATURE AND VERIFICATION:** I affirm that, to the best of my knowledge or belief, the information contain herein is true and factual. Additionally, I understand that the effective date of filing this complaint is the date this form is physically received by the Human Resources Office. I further understand that any person who knowingly provides frivolous, false or fraudulent information in a complaint may be subject to discipline. If applicable, I hereby authorize the release of any medical information needed for the investigation.

Once you have completed and saved this form, please email your document(s) to: **hr@smcm.edu**. Include your full name, program name, and form name in the subject line. Example: John Smith - Journalism & Broadcast Program, Student Preferred Name Form. If you have any questions or issues submitting your form; contact us at the same email address for assistance.

Signature of Complainant:  Date:

**FAIR PRACTICES OFFICE USE ONLY:**

Received by:

Signature:

Received date:

Respondent(s) notification date:

Investigative Report/Decision date:

Was Report/Decision Appealed?  Yes  No

Appeal date:

Final Decision Date:

Complaint Filed with External Agency?  Yes  No

Agency's Name:  Date:

List all attachments received with form: