

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>1. COMPLAINANT – 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"/> <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>RESPONDENT – 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.

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: