



CUYAHOGA COMMUNITY COLLEGE (TRI-C®)

Complaint of Discrimination

COMPLAINANT INFORMATION

Name: _____ Phone: (____) _____

Email: _____

Address: _____

S# (if student): _____ Department (if faculty or staff): _____

Campus: _____

Relationship to the College: Student Faculty Staff Other: _____

Basis of discrimination (Check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Race | <input type="checkbox"/> National origin or ancestry |
| <input type="checkbox"/> Color | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Sex (including sexual harassment and pregnancy) | <input type="checkbox"/> Age |
| <input type="checkbox"/> Gender expression | <input type="checkbox"/> Status as a disabled or Vietnam-era veteran |
| <input type="checkbox"/> Gender identity | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Sexual orientation | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Religion | |

I checked the above basis for discrimination because I am _____
and the respondent is _____

Corrective action desired: _____

RESPONDENT INFORMATION

Name: _____ Phone: (____) _____

Email: _____

Address: _____

S# (if student): _____ Department (if faculty or staff): _____

Campus: _____

Relationship to the College: Student Faculty Staff Other: _____

COMPLAINT FORM (PAGE 2 OF 2)

Please use the space below to articulate your concerns. You should include the date(s), name(s) of those involved, and where the incident(s) took place. In addition, please list witness information, including names as well as contact information and explain what information each witness can provide that would benefit the investigation of your complaint. (Attach an additional page if necessary.)

Complainant signature

Date

Return completed form marked “Confidential” to:
Office of Diversity & Inclusion
Cuyahoga Community College
2500 East 22nd Street
Cleveland, Ohio 44115

