

Civil Rights GRIEVANCE FORM

You should review the Procedures for Alleged Violations of Civil Rights Not Covered by Title IX Sexual Harassment Regulations (2075.02) on the Eastern Arizona College's (EAC) website at www.eac.edu/CivilRights/.

This form is designed to provide the College's Civil Rights Equity Officer with a method to gather uniform and specific information related to an alleged incident(s) of discrimination, harassment or retaliation. The College will use the information provided to begin an investigation, which may include contacting the complainant, respondent, and/or any potential witnesses.

contacting the complainant, respondent, and/or any potential witnesses.				
Complainant Information*:				
Are you a:				
Student Faculty	☐ Visitor			
☐ Employee ☐ Vendor	Other (Please specify)			
Is the complainant a:				
☐ Victim ☐ Witness	☐ Third-Party Complainant			
If you wish to identify yourself, please fill in the information listed below:				
Last Name:	First Name:	MI:		
Address:				
City:	State:	Zip:		
Contact Number:	Email:			
* If the person completing this form is the victim, you may choose to identify yourself or not. If you are a third				
party complainant who is not the victim, include the victim's identifiable information only if the victim wishes.				
* Victims completing this form who provide personally identifiable information can expect the college to				
follow-up with an appropriate investigation. For information-only reports, victims should omit all personally				
identifiable information to ensure confidentiality.				

Type and Basis of Complaint:				
Type of Complaint:				
☐ Discrimination ☐ Harassment ☐ Retaliation				
If you are filing a discrimination or harassment complaint, please indicate the protected status(es) that is/are the basis of the alleged behavior:				
Race/Ethnicity Nationality Sex/Gender Age				
☐ Marital Status ☐ Sexual Orientation ☐ Religion ☐ Veteran Status				
Genetic Predisposition Disability				
Respondent/Accused Information*: Please identify the person against whom your complaint is made. Name: Contact Information:				
Is this person a:				
Student				
☐ Employee ☐ Vendor ☐ Other (Please specify)				
Title/Department (if applicable):				
Relationship/Association to you:				
Name: Contact Information:				
Is this person a:				
Student				
☐ Employee ☐ Vendor ☐ Other (Please specify)				
Title/Department (if applicable):				
Relationship/Association to you:				
* If the person completing this form is the victim, you may choose to identify yourself or not. If you are a third party complainant who is not the victim, include the victim's identifiable information only if the victim wishes. * Victims completing this form who provide personally identifiable information can expect the college to				
follow-up with an appropriate investigation. For information-only reports, victims should omit all personally identifiable information to ensure confidentiality.				

Complaint:			
While providing details is essential to investigating your complaint, please be advised that some or all of the information you provide in this section may be shared with the person(s) you are accusing. You may supplement this description later if you wish to share additional details.			
1.	Describe the incident(s)/event(s) including dates, timbehavior:	es, locations, and any potential witnesses to the	
2.	Describe the impact that the behavior has had on you		
3.	Have you taken any action to stop the behavior? If so, what actions have you taken and what was the	Yes No outcome?	
4.	Please add any additional documents or information to	hat supports your complaint.	
Resolution:			
What ro	emedy are you seeking?		
I certify that the information I have provided is true and accurate to the best of my knowledge.			
	Signature	Date	