



COMPLAINANT FORM

For Harassment and Discrimination Incidents Involving Student Employees or Employees

Date: \_\_\_/\_\_\_/\_\_\_

Name of Complainant: \_\_\_\_\_

Department: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Complaint Filed Against: \_\_\_\_\_

Department: \_\_\_\_\_ Phone: \_\_\_\_\_

Nature of Complaint: (Detailed information may be attached to this form.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date and Time of Incident(s): \_\_\_/\_\_\_/\_\_\_ :\_\_\_ a.m. \_\_\_ p.m. \_\_\_

\_\_\_/\_\_\_/\_\_\_ :\_\_\_ a.m. \_\_\_ p.m. \_\_\_

Location of Incident(s): \_\_\_\_\_

\_\_\_\_\_

Witnesses to Incident(s)? \_\_\_ No \_\_\_ Yes (please identify below)

1. \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

3. \_\_\_\_\_ Phone: \_\_\_\_\_

4. \_\_\_\_\_ Phone: \_\_\_\_\_



Central New Mexico Community College

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Requested Redress/Suggested Solution:

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Investigation Results:

Facts:

Recommendations:

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Investigator's Signature

Date