

Discrimination Complaint Form

Use this form to report allegations of discrimination, harassment or retaliation.

Equal Opportunity Statement

It is the policy of Northern Virginia Community College and the Virginia Community College System to maintain and promote equal employment and educational opportunities without regard to race, sex, color, national origin, marital status, religion, sexual orientation, genetic information, gender identity, age, political affiliation or against otherwise qualified persons with disabilities. The policy permits appropriate employment preferences for veterans and specifically prohibits discrimination against veterans.

Complainant's Information: The Complainant is the person alleging discrimination, harassment or retaliation.

Name: _____

EMPLID#: _____ Email: _____

Phone: _____

Status: Staff Faculty Job Applicant Other

Basis of Your Complaint

For example, if you believe you were treated unfairly because of race, you should check the box next to race. If you believe you were treated unfairly for several reasons, check all that apply. (Please check below.)

- | | | | | |
|---|---|--|--|---|
| <input type="checkbox"/> Race | <input type="checkbox"/> Color | <input type="checkbox"/> Sex | <input type="checkbox"/> Age (Over 40) | <input type="checkbox"/> Gender Identity/Expression |
| <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Marital Status | <input type="checkbox"/> National Origin | <input type="checkbox"/> Political Affiliation | |
| <input type="checkbox"/> Protected Veteran Status | <input type="checkbox"/> Disability | <input type="checkbox"/> Religion | <input type="checkbox"/> Genetic Information | |

If you believe you were treated adversely because you complained about discrimination or participated in a discrimination complaint process, please check below.

Retaliation

Respondent(s) Information: The Respondent is the person accused of discrimination, harassment or retaliation.

Name: _____

Title: _____ Department: _____

Campus: _____

Phone: _____ Email: _____

Status: Staff Faculty Job Applicant Other

1. What happened?

Please briefly explain what occurred. Include when (dates), where and how it occurred. (Attach additional paper as necessary.)

2. Have you attempted to resolve this complaint with anyone else at the College?

___yes___no

If yes, indicate name and state results.

3. Does anyone else have knowledge of what occurred?

___yes___no

If yes, please indicate name(s), title and contact information.

4. What resolution or remedy are you seeking?

I certify that the information I have provided is true and accurate to the best of my knowledge and belief.

Complainant Signature _____ **Date** _____

NOTE: You must sign and date your complaint in order for the college to proceed.

Please submit this form to eo@nvcc.edu or Office of Human Resources at 3926 Pender Dr. Suite 150 Fairfax, VA 22030.