

**RIVERLAND COMMUNITY COLLEGE
HARASSMENT/VIOLENCE/DISCRIMINATION FORM**

Riverland Community College expressly forbids harassment and discrimination of employees and/or students because of age, race, creed, sex, color, religion, disability, sexual preference, national origin, political affiliation, marital status, or status with regard to public assistance. All persons are to be treated with respect. Harassment by any persons which creates an intimidating, hostile, or offensive environment will not be tolerated under any circumstances, and such behavior should be reported to Cindy Brimacombe-Whiteaker, Austin West Building, Room A137, 507-433-0529 or 800-247-5039.

Complainant: _____

Home Address: _____ **Home Phone:** _____

Work Address: _____ **Work Phone:** _____

Date of alleged incident(s): _____

Name of person(s) you believe committed prohibited act(s): _____

Names of witnesses present: _____

Describe the incident(s) as clearly as possible including such things as: what force, if any, was used; any verbal statements (i.e. threats, requests, demands, etc.); what, if any, physical contact was involved; what you did in response to the alleged action; (Attach additional pages if necessary.) _____

I hereby certify that the information I have provided in this complaint is true, correct, and complete to the best of my knowledge and belief.

Complainant Signature: _____ **Date:** _____

Investigator Signature: _____ **Date:** _____

AAOfficer Signature: _____ **Date:** _____