



## 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.

Complainant:

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Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Date of alleged incident(s): \_\_\_\_\_

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

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Name of witnesses present:

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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.)

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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 \_\_\_\_\_

Human Resources Employee Signature \_\_\_\_\_ Date \_\_\_\_\_