

Indian River State College

Harassment/Discrimination Complaint Form

Please refer to IRSC's Non-Discrimination and Non-Harassment Policy Violation Reporting Procedures AP-3.131 for more information related to the complaint process.

(Please Print or Type)

Today's Date: _____

COMPLAINT INFORMATION

Name: _____

Mailing Address: _____

Phone Number: _____ - _____ - _____ Email: _____

Status: (Check one) ☐ IRSC Employee ☐ IRSC Student ☐
IRSC Applicant ☐ Other (please specify): _____

Indicate the ground(s) on which you are making your complaint of harassment/
discrimination

Race	Color	Religion
Marital Status	Gender	Disability
Age	National Origin	Veteran Status
Genetic Information	Ethnicity	Sex
Sexual Orientation	Pregnancy	Sexual Misconduct (Sexual Assault, Sexual Battery and Other Crimes of violence)
Other		
Retaliation		

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Describe how you would like the complaint to be resolved. Be as specific as possible

Please describe the nature your complaint in detail. If needed, attach an additional page.

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Identify others who may have observed or witnessed the incidents(s) that you described.

I certify that the above (and any of my attached statements) are true and correct.

(Your Signature)

For Office Use Only:

Date Received: _____ Received by: _____