



Case File Number: \_\_\_\_\_

In filing this complaint please explain the resolution you expect: **INFORMAL\***  **FORMAL\***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*INFORMAL RESOLUTION MAY BE IN THE FORM OF CONVERSATION, CONCILIATION, OR MEDIATION WITH ALLEGED OFFENDER.  
\*FORMAL RESOLUTION IS AN OFFICIAL COMPLAINT INVESTIGATION AND POSSIBLE ACTION BASED ON A FINDING(S).**

**I affirm all information is accurate and true to the best of my knowledge. This complaint is made in good faith.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

If you need assistance in filing your complaint please contact the Equal Opportunity Affirmative Action Coordinator  
(360) 475-7300 **OR**  
**MAIL TO:**  
OLYMPIC COLLEGE  
EXECUTIVE DIRECTOR OF HRS, 1600 CHESTER AVENUE, BREMERTON, WA 98337 **OR**  
**FAX TO:** (360) 475-7302

 **FOR OFFICE USE ONLY** 

COMPLAINT RECEIVED BY: EMAIL  MAIL  PHONE  WALK-IN  APPOINTMENT  REFERRAL

REFERRAL SOURCE (IF ANY): \_\_\_\_\_ (509) \_\_\_\_\_

INTAKE DATE: **EEO/AA STAMP HERE**

INTERVIEWED BY: \_\_\_\_\_

COMPLAINANT PREFERS AN **INFORMAL**  **FORMAL**  **RESOLUTION**

INVESTIGATOR: \_\_\_\_\_

REFERRAL(S):

REFERRAL LETTER SENT TO: \_\_\_\_\_

DATE: \_\_\_\_\_

REFERRAL LETTER SENT TO: \_\_\_\_\_

DATE: \_\_\_\_\_

INVESTIGATOR ACTIONS	NAME	DATE
LETTER TO ALLEGED OFFENDER:		
NOTIFICATION OF UNION REPRESENTATIVE:		
NOTIFICATION OF DEPT. CHAIR/DIVISION HEAD:		
INVESTIGATIVE FINDINGS SENT TO:		
COMPLAINANT CLOSURE NOTIFICATION:		

FINDING(S): \_\_\_\_\_

COMPLAINANT REMARKS (IF ANY) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COMPLAINT CLOSED \_\_\_\_\_ . IS COMPLAINANT SATISFIED WITH OUTCOME? Yes  No

Case File Number: \_\_\_\_\_

The following information is VOLUNTARY and is requested for statistical purposes.

Age: \_\_\_\_\_ Gender: F  M  Race/Ethnicity: \_\_\_\_\_ Disability: \_\_\_\_\_

**NOTE**

This data sheet will be kept separate from the complaint and will be used for potential discrimination complaint trend analysis.

 **FOR OFFICE USE ONLY** 

**Date** Complaint Filed: \_\_\_\_\_

**Complainant**  Student  Employee  Contractor  Other  
**Respondent**  Student  Employee  Contractor  Other

**Respondent's Name:** \_\_\_\_\_ Dept. \_\_\_\_\_

This is a complaint of **DISCRIMINATION** based on: *(Check all that apply)*

- Race/Color  Sexual Orientation  Age
- Disability  National Origin  Creed/Religion
- Sex/Gender   Sexual Harassment
- Other, please specify: \_\_\_\_\_

Did the alleged discrimination/harassment occur in the complainant's workplace? Yes  No

**Discrimination Substantiated:** Yes  No