

**WALLA WALLA COMMUNITY COLLEGE  
Discrimination/Harassment Complaint  
FORM 2010F**

Please review the College's Non-Discrimination & Harassment Grievance Procedure on the WWCC website.

This form is designed to provide Walla Walla Community College students, employees, faculty, vendors, visitors or others with a method to report specific information related to an alleged incident(s) of discrimination, harassment (including sexual misconduct), or retaliation.

You are not required to complete the entire form in order for the complaint to be submitted. The College will use the information provided to begin evaluating the complaint, which may include contacting the complainant, respondent and/or potential witnesses. However, if the form is incomplete or does not contain specific information, the College's evaluation, any investigation, and/or response may be limited.

Submit the completed form to Sherry Hartford, Title IX/EEO Coordinator, Human Resource Office 65, 500 Tausick Way, Walla Walla, WA 99362 or [Sherry.Hartford@wwcc.edu](mailto:Sherry.Hartford@wwcc.edu).

**Complainant Information:**

Are you a:  Student  Employee  Faculty  Visitor  Other (please specify) \_\_\_\_\_

If you wish to identify yourself, please fill in the information listed below:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Type and Basis of Complaint:**

Type of Complaint:  Discrimination  Harassment (including sexual misconduct)  Retaliation

If you are filing a discrimination or harassment complaint, please indicate the protected status(s) that is/are the basis for the alleged behavior:

Race/Ethnicity  Nationality  Sex/Gender  Age  Marital Status  Pregnancy  Religion

Sexual Orientation  Genetic Predisposition  Veteran Status  Disability  Guide Dog/Service Animal

**Respondent/Accused Information:**

Please identify the person against whom your complaint is made:

Name: \_\_\_\_\_ Contact Information: \_\_\_\_\_

Is this person a:  Student  Employee  Faculty  Visitor  Other (please specify) \_\_\_\_\_

Title/Department (if applicable): \_\_\_\_\_

Relationship/Association to you: \_\_\_\_\_

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**Complaint:**

While providing details is essential to evaluating and/or investigating your complaint, please be advised that some or all of the information you provide in this section may be shared with the respondent(s).

1. Describe the incident(s)/event(s) including dates, times, locations, and any potential witnesses to the behavior:

2. Describe the impact the behavior has had on you:

3. Have you taken any action to stop the behavior?  Yes  No

If so, what actions have you taken and what was the outcome?

4. Please add any additional documents or information that supports your complaint.

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**Resolution:**

What remedy are you seeking?

**By submitting this form, I certify that the information I have provided is true and accurate to the best of my knowledge.**

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

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

\_\_\_\_\_  
**Contact Information (email and/or phone number) (Optional)**