**This form is used to report complaints**

**against an employee or guest/contractor of LCC.**

If the complaint is against an LCC student, please contact LCC’s Office of Student Compliance at <https://www.lcc.edu/consumer-information/student-compliance/> or at 483-1261.

**Instructions:** Please read and complete the entire form to the best of your ability. When complete, please submit this form to the Human Resources Department in person at 610 N. Capitol Avenue, Suite 106; via fax to (517) 483-1883; or via e-mail to [HR-T9@lcc.edu](mailto:HR-T9@lcc.edu).

# Please complete the following with your own information

**Name:** Click here to enter Name

**Department:** Click here to enter Department

**Email Address:** Click here to enter Email

**Home Address:** Click here to enter Home Address

**Phone number (Cell):** Click here to enter Cell Number **(Other):** Click here to enter Other Phone Number

**LCC Status:** Faculty/Staff Student Other (please specify)

**Please complete the following with information related to the person who is alleged to be the victim of discrimination/harassment. Leave this section blank if that person is you**

**Name:** Click here to enter Name

**Department:** Click here to enter Department

**Email Address:** Click here to enter Email

**Home Address:** Click here to enter Home Address

**Phone number (Cell):** Click here to enter Cell Number **(Other):** Click here to enter Other Phone Number

**LCC Status:** Faculty/Staff Student Other (please specify)

**Please complete the following with information related to the person who is alleged to have committed the discrimination/harassment**

**Name:** Click here to enter Name

**Department:** Click here to enter Department

**Email Address:** Click here to enter Email

**Home Address:** Click here to enter Home Address

**Phone number (Cell):** Click here to enter Cell Number **(Other):** Click here to enter Other Phone Number

**LCC Status:** Faculty/Staff Student Other (please specify)

**If Assailant isn’t an employee, Please describe the assailant**

Gender: Click here to enter Gender Race: Click here to enter Race Age: Click here to enter Age Height: Click here to enter Height Weight: Click here to enter Weight

# Basis of Discrimination/Harassment

Race/Color Age Sexual Misconduct Gender

National Origin/Creed/Ancestry Sexual Orientation Height Weight

Religion Retaliation Veteran Status Disability

**Describe specific act(s) alleged with as much detail as possible. If additional space is needed, use reverse side of paper or attach additional sheets.**

**Date of Report:** Click to enter a date  **Date(s) of Incident(s):** Click to enter a date

**Time(s) of Incident(s):** Click here to enter time of incident(s)

**Where did the incident(s) occur?** Click here to enter location of incident(s)

Did this incident occur at an LCC event? Yes No

If yes, what was the event? Click here to enter name of LCC Event

Do you have reason to believe this incident represents a present threat of harm or danger to you or other members of the LCC Community? Yes No

If yes, why? Click here to explain threat of harm/danger to LCC Community

Was a weapon involved? Yes No

If so, what was the weapon? Click here to enter weapon

Have you discussed this incident with anyone else? Yes No

If yes, with whom did you discuss this incident? Click here to enter individual(s) incident was discussed with

Were there any witnesses? Yes No

Please name any witnesses: Click here to enter witness(es)

Click here to enter additional information

# If alleging harassment, did you take any action to stop the harassment?

Yes No

## If yes, please summarize the action taken

Click or tap here to enter text.

# How would you like to see the situation resolved?

Click or tap here to enter text.

Signature: Click here to sign Date: Click to enter a date

Received By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_