

**COMPLAINT FORM**

HUMAN RESOURCES

 Human Resources | 3000 Landerholm Circle SE | Bellevue, WA 98007 | 425-564-2274 ▪ 425-564-3173 (fax)

**Please print using blue or black ink pen or type. Fill out all of the information requested below as completely as possible. Attach any other documentation related to your complaint. Return completed and signed form to Human Resources in person to Room A102, fax to 425-564-3173, or email a PDF copy directly to** **hr@bellevuecollege.edu** **.**

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| **COMPLAINT INFORMATION**  |
| Name:       | Date:       |
| Address:       |
| Work and Personal Email Addresses:       | Home/Cell Phone:       |
| Status: (check one) Employee: [ ]  Faculty: [ ]  Student: [ ]   |
| If you are an employee, what is your job title?       | Department:      |

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| **Indicate the ground(s) on which you are making your complaint. Check all that applies.** |
| [ ]  Sex Discrimination  | [ ]  Age Discrimination | [ ]  Religion  |
| [ ]  Hostile Work Environment  | [ ]  Race or Ethnicity | [ ]  Disability  |
| [ ]  Sexual Orientation  | [ ]  National Origin  | [ ]  Sexual Misconduct |
| [ ]  Retaliation  | [ ]  Harassment  | [ ]  Other  |

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| **1. Identify the person or persons against whom your allegations are made, their working relationship to you (supervisor, professor, co-worker, student, etc.) and their department or classroom location:**  |
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| **2. Describe the nature of your complaint, the incident(s), date(s), and place(s). Attach additional pages to this complaint if necessary.** |
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|  **2. Con’t: Describe the nature of your complaint, the incident(s), date(s), and place(s). Attach additional pages to this complaint if necessary.** |
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| **3. Do you have any documents that support your allegation? (Please list and attach copies.)**  |
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| **TO BE COMPLETED BY HUMAN RESOURCES** |  |
| Complaint received by:  | Date:  |