

# DISCRIMINATION/HARASSMENT COMPLAINT FORM



## FOR COMPLAINTS AGAINST A STUDENT:

Instructions: Submit this form to the Title IX Coordinator, Midlands Technical College, PO Box 2408, Columbia, SC, 29202; or hand-deliver to the Title IX Coordinator, Saluda Hall, Office of Business Affairs, Airport Campus, 1260 Lexington Drive, West Columbia, SC 29170. If a faculty or staff member is made aware of an allegation in which the accused is a student, he/she must notify the Title IX Coordinator. *Filing an allegation of discrimination or harassment with the college does not preclude a complainant from filing an allegation with an external agency nor does it extend time limits for such complaints.*

## FOR COMPLAINTS AGAINST AN EMPLOYEE:

Instructions: Submit this form to the Human Resources Department (mail to Midlands Technical College, HRM, PO Box 2408, Columbia, SC 29202; or hand-deliver to Reed Hall, Room 134, 1260 Lexington Drive, West Columbia, SC 29170).

### Person alleging discrimination/harassment or person referring the complaint:

Name: \_\_\_\_\_ Student ID (if applicable): \_\_\_\_\_

Department: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

Phone number (Daytime): \_\_\_\_\_ (Evening): \_\_\_\_\_

MTC Status:  Faculty/Staff  Student  Other (please specify) \_\_\_\_\_

### Person who is accused of discrimination/harassment:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Department: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

Phone Number (Daytime): \_\_\_\_\_ (Evening): \_\_\_\_\_

MTC Status:  Faculty/Staff  Student  Other (please specify) \_\_\_\_\_

**Describe specific act(s) alleged with name(s), date(s), time(s) and location(s) if possible. If additional space is needed, use reverse side of paper or attach additional sheets.**

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**Basis of Discrimination/Harassment:**  Race/Color  Age  Sexual Misconduct  Gender  National Origin/Creed/Ancestry  
 Disability  Sexual Orientation  Genetic Information  Pregnancy  Religion  Retaliation  Military Service

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Were witnesses present for the alleged behavior?  Yes  No

If yes, please list names and contact information: \_\_\_\_\_

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If alleging harassment, what action taken (if any) to address the harassment?  Yes  No

If yes, please summarize the action taken: \_\_\_\_\_

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How would you like to see the situation resolved? \_\_\_\_\_

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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