

MILWAUKEE AREA TECHNICAL COLLEGE

Discrimination Complaint Form

Name
Address
City/State
Telephone _____ Work

Please provide the following information regarding the individual(s) or the department against whom you are filing the complaint:

Name _____
Department _____
Campus _____

CAUSES OF DISCRIMINATION (Please check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Age | <input type="checkbox"/> National Origin |
| <input type="checkbox"/> Arrest/Conviction Record | <input type="checkbox"/> Race |
| <input type="checkbox"/> Color | <input type="checkbox"/> Harassment (including sexual harassment) |
| <input type="checkbox"/> Creed | <input type="checkbox"/> Sex |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Marital Status | <input type="checkbox"/> Other
<i>(please describe)</i> |

IN REFERENCE TO:

(Employees)

(Students)

- | | |
|---|---|
| <input type="checkbox"/> Discharge | <input type="checkbox"/> Grades |
| <input type="checkbox"/> Hire | <input type="checkbox"/> Counseling |
| <input type="checkbox"/> Promotion | <input type="checkbox"/> Financial Aid |
| <input type="checkbox"/> Recruitment | <input type="checkbox"/> Training and/or Apprenticeship |
| | <input type="checkbox"/> Classroom Activity |
| <input type="checkbox"/> Other <i>(please describe)</i> | |

PLEASE PROVIDE THE FOLLOWING INFORMATION:

- 1. Explain the details of the alleged discriminatory act.**
- 2. When and how did the alleged act take place?**
- 3. How were others treated differently?**
- 4. Specify the action you are requesting to correct this situation.**
- 5. Please list any witnesses.**
(Attach additional pages if necessary)

Complainant Signature

Date

Department Official Signature

Date