



## Discrimination Complaint Form

**Office of Student Accountability, Education and Compliance** - Student reports brought against another student, a visitor of a student, or a third party acting against a student.

**Amanda Blount**, Assistant Dean of Accountability, Education, and Compliance  
Telephone: (863)680-6221; [ablount@flsouthern.edu](mailto:ablount@flsouthern.edu)  
Student Development Offices, Rogers Building

**Athletics** – Reports regarding gender inequities in sports programs.

**Jill Stephens**, Assistant Athletic Director and Senior Women Administrator  
Telephone: (863) 680-4474; [jstephens@flsouthern.edu](mailto:jstephens@flsouthern.edu)  
Athletic Offices; Jenkins Field House

**Employee or Other Individual** - An employee, or other individual, should bring reports of harassment or discrimination against any other individual(s) to:

**Katherine Pawlak** , Assistant Vice President of Operations and Director of Human Resources  
Telephone: (863) 680-3964; E-mail: [kpawlak@flsouthern.edu](mailto:kpawlak@flsouthern.edu)  
Office of Human Resources; Raulerson Building

To file a complaint with the college, please complete and mail, email or bring this form to the appropriate office as listed above. Or, you may call the appropriate office to make arrangements for a representative to meet with you there or at another location. If you are unable for any reason to complete this form and would like to make a verbal complaint, please call to schedule an appointment. To anonymously file a complaint please visit [www.flsouthern.edu/policies/just-ask.aspx](http://www.flsouthern.edu/policies/just-ask.aspx)

Although the college cannot commit to keeping a complaint of discrimination confidential because of the college's obligation to investigate the complaint, the college will use its best efforts not to disseminate information concerning the complaint beyond those who have a need to know.

Please feel free to contact our offices if you have any questions regarding the process for filing or investigating complaints of discrimination (including sexual harassment).

### **Florida Southern College's Non-Discrimination Statement**

It is the policy of the College that no member of the College community shall be subjected to any form of unlawful discrimination, harassment, retaliation, or violence by any other member of this institution. It is the policy of the College to provide fair, equitable, reliable, and compassionate responses to reports of any type of discrimination or violence and that no member of the College community shall be subjected to any form of unlawful discrimination, including sexual discrimination (sexual harassment, sexual misconduct, sexual violence, retaliation, and domestic violence, dating violence, or stalking). No form of harassment will be tolerated at Florida Southern College. All forms of discrimination involve unwelcome and/or nonconsensual actions.

Use additional sheets of paper, if necessary, to answer the following questions

**I) COMPLAINANT INFORMATION:**

Check One:  Faculty     Staff     Student     Student-Employee     Applicant

Other: \_\_\_\_\_

Name: \_\_\_\_\_ Cellphone Number : \_\_\_\_\_

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

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

Email Address: \_\_\_\_\_ Gender: \_\_\_\_\_

Race: \_\_\_\_\_ Ethnicity (*Hispanic or Non-Hispanic*): \_\_\_\_\_

**If Student,**

Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_ Age at time of Incident: \_\_\_\_\_

Classification (*i.e. freshman, sophomore, etc.*) \_\_\_\_\_

Major: \_\_\_\_\_ Resident Hall: \_\_\_\_\_

**If Employee, (*students will complete this section if also a student-worker on campus*)**

Position/Title: \_\_\_\_\_ Department: \_\_\_\_\_

Direct Supervisor: \_\_\_\_\_ Office Telephone Number: \_\_\_\_\_

**II) BASIS OF THE COMPLAINT: (*Check all appropriate items*)**

Race                       National Origin                       Gender                       Sexual Harassment

Disability                       Veteran Status                       Religion                       Marital Status

Retaliation                       Color                       Age                       Sexual Orientation

Other: \_\_\_\_\_

**III) RESPONDENT INFORMATION: (*Person you believe to have discriminated or retaliated against you*)**

Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Race: \_\_\_\_\_ Ethnicity (*Hispanic or Non-Hispanic*): \_\_\_\_\_

The person is:  Faculty     Staff     Student     Other: \_\_\_\_\_

**If Employee,** *(students will complete this section if also a student-worker on campus)*

Position/Title: \_\_\_\_\_ Department: \_\_\_\_\_

Direct Supervisor: \_\_\_\_\_ Office Telephone Number: \_\_\_\_\_

**IV) DISCRPTION OF COMPLAINT:** Please describe in detail the incident(s) you consider to be discriminatory or retaliatory and why you believe this person discriminated or retaliated against you. Also, please provide the date(s) and locations(s) for each incident including first and last names of individuals involved. Explain why you have contact with these individuals (supervisor, co-worker, faculty, customer, ect.). *(Attach additional pages describing your complaint if necessary.)*

**V) COMPLAINT DOCUMENTATION:** Do you have any documentation supporting your complaint such as text messages, print screens, or e-mails? If so, please provide copies of the documentation supporting your complaint along with any explanation behind the documentation. ATTACHMENT

**VI) PREVIOUS ACTION:** Have you brought this matter to the attention of any other person or department at the college or any external agency such as law enforcement or the EEOC? If so, please list the name(s) and department(s) of all other persons with whom you have discussed this matter and when you had the discussion.

**VII) CORRECTIVE ACTION SOUGHT:** Describe the relief or corrective action you are seeking from the college and/or the respondent.

**VIII) WITNESSES:** Identify the witnesses who will support your allegations.

**Name:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

How do you know the witness?  friend  fellow student in class  fraternity/sorority brother/sister  
 faculty  staff  coworker  other: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

How do you know the witness?  friend  fellow student in class  fraternity/sorority brother/sister  
 faculty  staff  coworker  other: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

How do you know the witness?  friend  fellow student in class  fraternity/sorority brother/sister  
 faculty  staff  coworker  other: \_\_\_\_\_

**IX) DECLARATION**

I certify that the information contained in this form is true and accurate.

**Complainant's Printed Name:** \_\_\_\_\_

**Complainant's Signature:** \_\_\_\_\_

**Date of Submission to the appropriate College official/department:** \_\_\_\_\_