

DISCRIMINATION/HARASSMENT COMPLAINT FORM

03/17, 02/22, 01/24

Bellin College has responsibilities to report issues related to employee and student welfare, such as harassment and discrimination, to the Director of Student Affairs and DEI or the Dean of Students and Allied Health.

INSTRUCTIONS:

Please complete this form to the best of your ability. Report only one incident per form. By disclosing this information, you (the complainant) are submitting a formal report to the Director of Student Affairs and DEI. Please send electronically to benjamin.rieth@bellincolleg.edu or print and deliver a hard copy to Benjamin Rieth. This report may warrant a formal investigation.

If this is an emergency, please call 911.

Please enter your contact information below:

Name _____

Phone Number _____

Email Address _____

Are you a student? _____

Are you an employee? _____

How did you become aware of this incident of situation?

- ☐ This is a self-report (the situation I'm reporting happened to me).
- ☐ It was reported to me by the victim
- ☐ I was a witness to the incident or situation (I saw or heard the situation).
- ☐ It was reported to me by a third party.
- ☐ Anonymous (I received the information anonymously)

When did you become aware of the incident (the day and time you received the information)?

Date (MM/DD/YYYY) _____

Approximate Time (AM/PM) _____

If you know when the incident occurred, please list the date/time below.

Date (MM/DD/YYYY) _____

Approximate Time (AM/PM) _____

Please indicate the general location where the incident occurred:

- ☐ Campus building (within the building)
- ☐ Campus grounds (in a parking lot, near the building, etc.)
- ☐ Off campus
- ☐ Other (please specify) _____
- ☐ Unknown

If known, please indicate the specific location where the incident occurred (i.e.: room number):

Please describe the incident in as much detail as possible:

Was a weapon or weapons, drugs, or alcohol involved in the incident?

☐ Yes (please explain) _____

☐ No

☐ Unsure (please explain) _____

Please provide the name(s) of the individual(s) accused of committing the act of discrimination or harassment in this situation:

How is the accused individual(s) affiliated with Bellin College? (For example: student, employee, visitor/guest, no campus role, or unknown).

Was there any evidence that this incident was motivated by the complainant's status with regard to any of the following? (Select all that apply).

- ☐ Race
- ☐ Ethnicity
- ☐ Age
- ☐ Gender
- ☐ Sexual Orientation
- ☐ Religion
- ☐ Disability
- ☐ National Origin
- ☐ Veteran Status

Are there any other individuals to whom the complainant has reported the incident? If so, please list the names of those individuals below:

--

Does the complainant understand that this information is being reported to the Director of Student Affairs and DEI?

- ☐ Yes
- ☐ No

Does the complainant understand what it means to file a complaint?

- ☐ Yes, I am choosing to go forward with an investigation
- ☐ No, I am choosing not to go forward with an investigation

I understand that Bellin College is obligated under federal law to investigate all complaints related to discrimination and harassment and other misconduct. I understand and agree that the information I provide on this form and the information provided to the investigator may need to be shared with the respondent and other witnesses. The information may also be shared with Bellin College Dean of Student Services, administrators or others involved in administering the complaint procedures. Any information that is shared will be done in a way that protects and respects the privacy of those involved as much as possible.

Complainant Signature

Date

If someone assisted you with filling out this form, please provide their name:

Name of Person who Assisted

Thank you for completing this form. Your form will be carefully reviewed by the Director of Student Affairs and DEI and/or Dean of Students and Allied Health.

Due to the sensitive nature of harassment and discrimination, the complainant (reporting party) may need additional support and resources. You are encouraged to confidentially contact any of the following resources available 24/7:

StudentLife Matters Counseling & Support Program (855) 695-2818
Golden House..... (920) 432-4244
Crisis Center..... (920) 436-8888