



# Discrimination Complaint Form

Hawkeye Community College

This form must be used to describe alleged discrimination in violation of Hawkeye Community College Policy and/or law. It is understood that any complaint is informal until this form has been completed. The investigation will be conducted by an investigator assigned by Hawkeye Community College's Equity Coordinator, or Title IX Coordinator(s). Please provide the following information:

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

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

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

Provide a description of your allegations including dates, events, and persons involved. Please answer on separate paper if more space is required.

By signing below, I acknowledge that I understand attempts will be made to keep this investigation confidential if I so request, but that the investigation may involve talking with co-workers, students, or other parties who may be knowledgeable about the alleged violation. I also understand the accused and President may receive a copy of this complaint form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Equity Coordinator, Title IX Coordinator, or designee

\_\_\_\_\_  
Date