



Formal Complaint Form

This form may be completed by any member of the County College of Morris community who has experienced or otherwise become aware of an incident that may constitute a policy violation of the County College of Morris. Please complete the form to the best of your ability.

Today's Date:		Name:	
College ID#	Phone #:	Email:	

Preferred Method of Contact:	<input type="checkbox"/> Phone <input type="checkbox"/> E-mail <input type="checkbox"/> Text Message <input type="checkbox"/> Other
CCM Affiliation:	<input type="checkbox"/> Student <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Alumni <input type="checkbox"/> Guest <input type="checkbox"/> Other

Policy Violation Complaint	Protected Class(es) Basis for Report:	
<input type="checkbox"/> Americans with Disabilities Act (ADA)	<input type="checkbox"/> Sex	<input type="checkbox"/> Religion
<input type="checkbox"/> Title IX Policy Prohibiting Harassment & Discrimination on the Basis of Sex	<input type="checkbox"/> Gender	<input type="checkbox"/> Veteran Status
<input type="checkbox"/> Policy Prohibiting Sexual Harassment	<input type="checkbox"/> Gender Identity	<input type="checkbox"/> Disability
<input type="checkbox"/> Policy Prohibiting Discrimination	<input type="checkbox"/> Gender Expression	<input type="checkbox"/> Age
<input type="checkbox"/> Data Security Policy	<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> Genetic Information
<input type="checkbox"/> Infectious Disease Control Policy	<input type="checkbox"/> Pregnancy/Parenting	<input type="checkbox"/> Marital Status
<input type="checkbox"/> Code of Ethics for CCM Employees	<input type="checkbox"/> Race	<input type="checkbox"/> National Origin
<input type="checkbox"/> Employee Code of Conduct	<input type="checkbox"/> Color	

Incident Date:	Incident Time:
Incident Location: <input type="checkbox"/> Campus Building <input type="checkbox"/> Campus Outdoors <input type="checkbox"/> Organization House <input type="checkbox"/> Off Campus <input type="checkbox"/> CCM Sponsored Event	
Specific Location:	

Respondent Name: <i>(Person you are filing claim against)</i>	Phone #:	Email:
CCM Affiliation: <input type="checkbox"/> Student <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Alumni <input type="checkbox"/> Guest <input type="checkbox"/> Other		

Incident Narrative (this can be brief; a full statement will be taken by the investigator):

Witness 1:	Phone #:	Email:
CCM Affiliation: <input type="checkbox"/> Student <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Alumni <input type="checkbox"/> Guest <input type="checkbox"/> Other		

Witness 2:	Phone #:	Email:
CCM Affiliation: <input type="checkbox"/> Student <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Alumni <input type="checkbox"/> Guest <input type="checkbox"/> Other		

Witness 3:	Phone #:	Email:
CCM Affiliation: <input type="checkbox"/> Student <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Alumni <input type="checkbox"/> Guest <input type="checkbox"/> Other		

Supportive Measures Requested:	
<input type="checkbox"/> No Contact Order	<input type="checkbox"/> Off-Campus Medical Care
<input type="checkbox"/> On-Campus Counseling	<input type="checkbox"/> Victim Advocate Outreach
<input type="checkbox"/> Off-Campus Counseling	<input type="checkbox"/> Assistance Reporting to Law Enforcement
<input type="checkbox"/> Work Schedule Adjustment	<input type="checkbox"/> Academic Withdrawal/LOA
<input type="checkbox"/> Academic Adjustment	<input type="checkbox"/> Academic Withdrawal (full)
<input type="checkbox"/> Facility Access Plan	<input type="checkbox"/> Legal Support Information
<input type="checkbox"/> Public Safety Escort	

Accommodations:	
<input type="checkbox"/> I request an interpreter	Language:
<input type="checkbox"/> I request accommodation(s) for a qualified disability	
<input type="checkbox"/> Other:	

Resolution Requested: <input type="checkbox"/> No Action <input type="checkbox"/> Informal Resolution <input type="checkbox"/> Formal Resolution (Investigation and Hearing)	
Sign:	Date:

Please email a copy of this form to: vray@ccm.edu

Vivyan Ray (VP of Human Resources & Labor Relations)



HR USE ONLY:

Received By:	Date:
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