Mott Community College

Sexual Harassment & Other Unlawful Harassment Complaint Form
(This form should only be used to report incidents of suspected sexual or unlawful harassment. Please bring or forward this form to the appropriate office as described immediately below.)

Appropriate Office for Reporting:
• If you are a student who has been harassed by another student, you should submit your complaint to the Registrar in the Student Services Office
• All other complaints of harassment against an employee (faculty, staff, administrators) or any other individual associated with the College should be directed to the Human Resources Office.

Name: ________________________________________ Date of Incident: _____________________

Job Title (if applicable): ________________________________________________________________

Department: __________________________________ Supervisor: ___________________________

Statement of what happened  (Include as many details as possible and use back of form if necessary):
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Names of people who witnessed the incident or who may have knowledge of the incident:
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

__________________________________________________ _____________________________
Signature Date