



INVESTIGATIVE COMPLAINT FORM

This is a complaint form which may be submitted by the complainant to file a complaint through New River’s Complaint process. All complaint forms must be submitted to Dr. Allen Withers (students) [awithers@newriver.edu](mailto:awithers@newriver.edu) or Ms. Leah Taylor (employees, visitors, or third parties) [ltaylor@newriver.edu](mailto:ltaylor@newriver.edu).

To complainant: Please fill out this form as completely as possible. Use additional sheets of paper as needed. **Please print or type.**

Complainant Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Cell Phone Number \_\_\_\_\_  
Email address: \_\_\_\_\_

List the person(s) you allege discriminated against or harassed you.

Name	Title	Address	Telephone Number

Which of the following best describes why you believe you were discriminated against or harassed? (Check all that apply)

- Age (40 & Above)
- Ancestry
- Color
- Disability
- National Origin
- Race
- Religion
- Retaliation
- Veteran Status
- Sex ( Gender and /or  Sexual Harassment/Sexual Violence)
- Other: \_\_\_\_\_

Date(s) of the alleged discriminatory act: \_\_\_\_\_

If there was continuing discrimination/harassment, indicate the dates with the most recent first.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Complainants Initials \_\_\_\_\_

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

Explain **clearly** the events that occurred. When alleging discrimination, include how you believe you were treated differently from other persons. You may attach any written documentation pertaining to this matter, such as emails or letters you received from the alleged respondent(s).

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List any witnesses, you believe had **direct knowledge** of your allegation that we may contact for additional information to support or clarify your complaint.

Name	Title	Address	Telephone Number
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. What resolution do you seek?

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Additional Comments:

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New River's complaint process allows investigators 45 calendar days from their appointment date to complete the investigation. Should the investigators be unable to complete their investigation within the allotted time period, they may request an extension from New River's President. Upon completion of the investigation, the investigative report will be submitted to the President for review. A decision should be rendered within 15 working days.

I attest that the information provided is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date

Cc: New River CTC President