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 or Ms. Leah Taylor (employees, visitors, or third parties) 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.

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

- [ ] Age (40 & Above)
- [ ] Disability
- [ ] Religion
- [ ] 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).

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

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7. What resolution do you seek?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Additional Comments:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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