

SEXUAL HARASSMENT COMPLAINT

In accordance with the **NSHE Board of Regents Handbook, Title 4, Chapter 8, Section 13**, sexual harassment does not refer to occasional compliments of a socially acceptable nature. It refers to behavior of a sexual nature that is not welcome, that is personally offensive, and that interferes with performance. Complaints of sexual harassment are taken very seriously and will be dealt with promptly, thoroughly, impartially, and equitably.

This completed form should be filed with one of the following individuals or any person in a supervisory, managerial, administrative or executive role or position at TMCC so that the allegations may be investigated.

Veronica Fox
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Please feel free to add additional sheets to explain your concerns to us as necessary. Keep a copy of this form for your records.

PERSONAL INFORMATION

Last Name		First Name	MI
TMCC Student or Employee ID		Date	
Mailing Address			
City		State	Zip
Daytime Telephone	Evening Telephone	Email	
Additional Information			
Are you a TMCC employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	TMCC Department	Your Title	
Name of Supervisor	Title of Supervisor	Supervisor's Telephone Number	

DETAILS OF INCIDENT(S)

Please identify the person(s) who was responsible for the sexual harassment incident(s)

Name	Role or Position at TMCC	Relationship

Please describe the sexual harassment incident(s), providing as many specific details as possible, including date(s), time(s), location(s) of occurrence(s), and any individuals who may have directly witnessed the occurrence(s)

Have you reported this/these incidents to anyone else at TMCC? Yes No

If you have reported this/these incidents to anyone else at TMCC, please identify to whom you reported the incidents and when

Name	Role or Position at TMCC	Date Notified of Incidents

BY MY SIGNATURE BELOW

I understand that in order for TMCC to investigate the allegations in my complaint, it will likely be necessary for TMCC to reveal my identity to the person(s) alleged to have sexually harassed me and to disclose information about my complaint to such person(s), including the details I have provided as part of my complaint.

I understand that the investigating person at TMCC may disclose information about my complaint, including personally identifying details, to other TMCC officials who have a need to know this information.

I understand that as a complainant, I may not be intimidated or retaliated against for having filed a complaint of sexual harassment.

I acknowledge that the information I have provided in this complaint is complete, true and accurate to the best of my knowledge.

I further acknowledge that I have read, understood, and agree to the above information and I authorize TMCC to conduct an investigation into the allegations in my complaint, and that I am filing this complaint voluntarily.

Signature

Date

For Official Use Only

File Number: _____

Completed Form Received by:

Name: _____ Title: _____

Department: _____ Date: _____

Complaint form forwarded to Primary Officer:

Received By: _____ Date: _____