



DINÉ COLLEGE

THE HIGHER EDUCATION INSTITUTION OF THE NAVAJO NATION SINCE 1968

Formal Complaint Form

It is the College's policy to investigate all complaints thoroughly and promptly to the fullest extent practicable. The College will maintain confidentiality of those involved. A formal written complaint will be addressed expeditiously, but in a manner consistent with the complexity and severity of the matter and availability of witnesses. The College will attempt to complete its investigation and recommendation(s) within forty-five (45) business days of submission of the complaint for discriminatory complaints and ten (10) business days for non-discriminatory complaints.

Please provide as much information as possible in support of your claim. You are welcome to attach additional documents with information you believe is necessary. Please type the form if possible, if not, please print clearly. This form and any attachments can be submitted to the following individuals:

Ashlyn Jim, Title IX Coordinator
 Office: 230A NHC Building – Tsaile Campus
 Phone: (928) 724-6955
 Email: asjim@dinecollege.edu

Information Regarding the Complainant *(Person making allegation).*

Name of Complainant				
Contact Information	Phone: ()		Email:	
College Affiliation	Student	Staff	Faculty	Not affiliated/Unknown
Complainant is (Check One)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Current</u> or <u>Former</u> Student, Staff or Faculty	Select	Select	Select	

Information Regarding the Alleged Victim *(If person is not the Complainant).*

Name of Alleged Victim				
Contact Information	Phone: ()		Email:	
College Affiliation	Student	Staff	Faculty	Not affiliated/Unknown
Alleged Victim is (Check One)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Current</u> or <u>Former</u> Student, Staff or Faculty	Select	Select	Select	

Information Regarding Respondent *(Person whom the allegation is being made).*

Name of Respondent				
Contact Information	Phone: ()		Email:	
College Affiliation	Student	Staff	Faculty	Not affiliated/Unknown
Respondent is (Check One)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Current</u> or <u>Former</u> Student, Staff or Faculty	Select	Select	Select	

Policy Statement: The College prohibits discrimination, which can include disparate treatment directed toward an individual or group of individuals, based on race, color, ethnicity, creed, religion, sex, age (40 and over), marital status, sexual orientation, gender identity, national origin, veteran status, physical or mental disability, or other protected class, that adversely affects an individual’s employment or education.

Please indicate the basis of your complaint (*Check all that apply*).

- | | | | |
|------------------------------------|---|--|--|
| <input type="checkbox"/> Race | <input type="checkbox"/> Age | <input type="checkbox"/> Mental Disability | <input type="checkbox"/> Veteran Status |
| <input type="checkbox"/> Color | <input type="checkbox"/> Marital Status | <input type="checkbox"/> Gender Identity | <input type="checkbox"/> Physical Disability |
| <input type="checkbox"/> Ethnicity | <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Religion | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Creed | <input type="checkbox"/> National Origin | <input type="checkbox"/> Sex | <input type="checkbox"/> Other* |

***If complaint is Non-Discriminatory please specify the nature of the Complaint** (*Specific details will be requested on Page 3*).

Please feel free to add separate pages.

Information Regarding the Alleged Misconduct

Time and Date of Alleged Misconduct	<input type="radio"/> am <input type="radio"/> pm	____ / ____ / ____				
Location of Alleged Misconduct		<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">On Campus</td> <td style="width: 50%; text-align: center;">Off Campus</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	On Campus	Off Campus	<input type="checkbox"/>	<input type="checkbox"/>
On Campus	Off Campus					
<input type="checkbox"/>	<input type="checkbox"/>					
<p><i>Witnesses or third parties who may have information regarding the alleged Misconduct, along with phone number and email address, if known:</i></p>						

Please feel free to add separate pages.

Please provide a detailed description of the alleged misconduct (*You may wish to consider including, among other things, some or all the following information in your description: the gender of the parties, the relationship between the parties, whether one or more of the parties were under the influence of alcohol or drugs at the time of the alleged Misconduct, whether the Respondent used pressure or force (physical or otherwise) in the course of the alleged Misconduct, and the frequency (if applicable) of the alleged Misconduct*).

Please feel free to add separate pages to continue your description.

What resolution or remedy are you seeking in this matter?

Please feel free to add separate pages.

I certify that, to the best of my knowledge, the information I have provided is accurate. I understand and acknowledge that a copy of the complaint (with attachments) will be provided to the respondent (offender).

I also understand and consent to the disclosure of this complaint to the appropriate administrators in order to investigate and resolve this complaint. I understand that this complaint and all discussions conducted throughout the course of the investigation are confidential to the extent permitted by law.

I also understand that any unauthorized disclosures of this information could result in disciplinary action. I agree to abide by these guidelines.

Print Name

Signature

Date (mmddyyyy)