



MASSACHUSETTS COLLEGE OF LIBERAL ARTS

EQUAL OPPORTUNITY COMPLAINT FORM

This form is used to report information necessary to initiate an investigation of alleged discrimination, discriminatory harassment, or retaliation pursuant to the MCLA's Equal Opportunity, Diversity, and Affirmative Action Plan ("EO Plan") and/or the Student Code of Conduct. All reasonable efforts will be made to maintain the involved parties' confidentiality during the investigation and resolution procedure.

It is unlawful to retaliate against a student, employee or any other person affiliated with MCLA for filing a complaint or for cooperating in an investigation of a complaint.

All parties to a complaint may have a personal advisor (for union employees this may be a union representative) assist them throughout the process, in accordance with the Policy Against Discrimination, Discriminatory Harassment and Retaliation, the Student Code of Conduct, and applicable collective bargaining agreements.

This form may be submitted in person, via email, or regular mail to: 375 Church St., North Adams, MA 01247

Christopher Hays, EO Officer (for employees)
Office Location: 101 Mark Hopkins Hall
Email: christopher.hays@mcla.ed@mcla.edu

Heather Quire, EO Officer (for students)
Office Location, Campus Center, 3rd Floor
Email: heather.quire@mcla.edu

Date Filed: \_\_\_\_\_ Date(s) of Alleged Incident(s): \_\_\_\_\_

A. Name (Print): \_\_\_\_\_

B. Check One: [ ] Student [ ] Employee [ ] Other \_\_\_\_\_

C. Type of alleged discrimination or discriminatory harassment:

- Race Color Religion National Origin
Age Disability Sex/Gender Sexual Orientation
Gender Identity Gender Expression Marital Status Veteran Status
Genetic Information Other: \_

D. Type of alleged prohibited conduct:

- Discrimination
Discriminatory Harassment
Retaliation
Other \_\_\_\_\_

E. Name of individual(s) you believe harassed you, discriminated against you, or retaliated against you: \_\_\_\_\_

F. List any witnesses: \_\_\_\_\_

G. List any others with knowledge of the incident(s): \_\_\_\_\_

H. Description of Complaint - please list the location, sequence of events, including dates, if possible, and any relevant facts, statements, and/or evidence currently known to you. If additional writing space is needed, please attach additional sheets.

I. Do you wish to request to attempt to resolve this formal complaint through an informal resolution process, if the other party agrees?      Yes      No

**To the best of my knowledge and belief, the above information is complete, true and accurate and not a “false charge” as defined under the EO Plan, and I hereby submit this complaint under the University’s Complaint Investigation and Resolution Procedure.**

Signature of Complainant: \_\_\_\_\_ Date: \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_