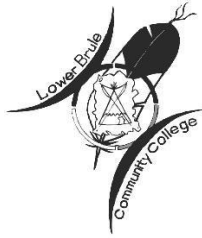


Lower Brule Community College



REPORT OF POSSIBLE VIOLATIONS OF HUMAN RIGHTS

Return the completed form the main college building.

Name(s), department(s) and telephone number(s) of aggrieved person(s):

Name: _____

Address: _____

Department: _____ Position: _____

Office Telephone: _____ Home Telephone _____

Email: _____

Name(s), department(s) and telephone number(s) of person(s) charged:

Name _____

Department: _____ Position: _____

Name _____

Department: _____ Position: _____

Alleged discrimination /harassment based on (check all that apply):

Sex

Citizenship

Religion

Race

Gender

Age

Color

Gender Identity

Disability

Creed

Transgender

Genetic Information

National Origin

Sexual Orientation

Veteran Status

Ancestry

Other _____

Incident Overview

Use the space below to describe the actions which you believe to be discriminatory or harassment. Include a description of how you fit into the class cited on the first page. Provide details including dates and names. Be complete and specific. Add sheets if necessary.

Provide the names and telephone numbers of witnesses to the incident (persons who have knowledge of relevant events and incidents).

Name: _____ Position _____

Contact Information: _____

Name: _____ Position _____

Contact Information: _____

Have you reported your concerns to others? Yes No

If yes, to whom did you report your concerns? _____

What action (if any) was taken after you had reported your concerns?

Signature _____ Date _____

Report received by:

Signature _____ Date _____