

AURARIA HIGHER EDUCATION CENTER
Initial Report of Discrimination/Harassment

This form is to be used to report claims of discrimination or harassment. You may attach additional sheets as necessary. Submit this form to AHEC Equal Opportunity Office located at 1068 9th Street Park, or call 303-556-3291.

Name: _____ Position: _____

Employee Status: Non-Classified____ Classified____ Temporary____ Student____ Other____

Work Location: _____

Immediate Supervisor: _____

Second Level Supervisor: _____

A. STATEMENT OF COMPLAINT

(attach additional forms if necessary)

B. DATE OF ALLEGED DISCRIMINATION/HARASSMENT _____

C. NAME OF PERSON(S) COMMITTING ALLEGED DISCRIMINATION/ HARASSMENT

D. WITNESSES TO INCIDENT *(if any)* _____

E. ACTION ALREADY TAKEN TO RESOLVE THIS COMPLAINT *(if any)* _____

F. RELIEF/REMEDY REQUESTED _____

I have provided accurate information in this statement.

Signature: _____

Date: _____

NOTE: If an informal discussion fails to resolve the matter, a formal complaint can be filed within 5 days after the conclusion of informal discussions, pursuant to State Personnel Board Rules.