



Human Resources  
 336-506-4133 or 336-506-4245  
 FAX 336-578-3964  
 1247 Jimmie Kerr Road  
 P.O. Box 8000  
 Graham, NC 27253-8000  
<http://www.alamancecc.edu>

DISCRIMINATION/HARASSMENT INCIDENT REPORTING FORM

This form addresses student, employee, and visitor reports of discrimination and harassment based on age, color, disability, genetic information, national origin, race, religion, sex (including gender, gender expression, or gender identity), and veteran status. This includes reports of sexual misconduct, including sexual harassment and sexual violence. This also addresses reports of relationship violence and stalking.

When you submit this form, you may be contacted if additional information is needed. Regardless of the nature of your report, Alamance Community College will ensure that your report is forwarded to the office with responsibility for investigating and addressing it, as appropriate, based on the information you have provided.

**IF THERE IS AN IMMEDIATE RISK TO LIFE, SAFETY, OR PROPERTY, PLEASE CALL 911 OR CALL 336-570-4270 ext 2286 or 4201**

<b>Contact Information</b>		Today's Date:
Your Name:	Please circle one: Student      Staff      Faculty      Other	
Your Phone and/or email Contact Information:	Preferred Method of Contact (phone or email)	
Your Home Address:		
Your Position/Title (for employees):	Your Department Name and Phone Number (for employees):	
<b>Persons Involved</b>		
Please use this section to list the names of the parties involved as well as any witnesses, etc. Enter as much information as possible. If you have included your name above, it is not necessary to add it to this section.		
Name or Organization	Role (e.g. Accused, Affected Individual, Witness, Other)	Email/Phone Number:

**Report Details**

Nature of this Report (circle all that apply)

- Discrimination
- Retaliation
- Other
- Harassment
- Sexual Misconduct (including Sexual Harassment and Sexual Violence)
- Relationship Violence
- Stalking

Do you feel this happened because of (circle all that apply)

- Age
- Color
- Creed
- Disability
- Genetic Information
- National Origin
- Sex (including Gender, Gender Expression, or Gender Identity)
- Sexual
- Veteran Status
- Race
- Religion
- Other

**Incident Details**

Date of Incident | Time of Incident

Specific Location of Incident

Have you notified anyone else or any other campus or non-campus unit about this incident? If yes, whom did you notify?

Please provide as much detail as you are comfortable with concerning the incident. This narrative will be reviewed by the appropriate staff/faculty member at Alamance Community College

Continue Narrative:

Your Signature

Date:

Please return this form to:

Alamance Community College Human Resources  
P.O. Box 8000  
1247 Jimmie Kerr Road  
Graham, NC 27253-8000

Fax: 336-578-3964

Email: [lorri.allison@alamancecc.edu](mailto:lorri.allison@alamancecc.edu)