

## Discrimination Complaint Procedure

Complaints regarding the interpretation or application of the College's nondiscrimination policy **or harassment on any basis protected by law** shall be processed in accordance with the following procedures:

### Informal Procedure

~~Any person who feels that he/she has been discriminated against should discuss the matter with the compliance officer. The compliance officer will conduct a preliminary investigation of the complaint and respond to the complainant within 10 business days. If this response is not acceptable to the complainant, he/she may initiate formal procedures.~~

~~If the compliance officer is the subject of the complaint, the individual may file a complaint directly with the President. If the President is the subject of the complaint, the complaint may be filed with the Board chair.~~

### Formal Procedure

Step 1: ~~A written~~ **Complaints may be oral or in writing and** must be filed with the compliance officer ~~within 10 business days of receipt of the response to the informal complaint. The compliance officer shall further investigate, decide the merits of the complaint and determine the action to be taken, if any, and reply, in writing, to the complainant within 20 business days~~ **of receipt of the complaint.**

**Any staff member that receives a written or oral complaint, shall report the complaint to the compliance officer.**

Step 2: If the complainant wishes to appeal the decision of the compliance officer, he/she may submit a written appeal to the President **or designee** within five business days after receipt of the compliance officer's response to the complaint. ~~The President or designee shall~~ **may review the compliance officer's decisions and may** meet with parties involved, ~~as necessary, make a decision. The President or designee will review the merits of the complaint and the compliance officer's decision~~ and respond, in writing, to the complaint within 10 business days.

Step 3: If the complainant is not satisfied with the decision of the President **or designee**, a written appeal may be filed with the Board within five business days of receipt of the President's **or designee's** response to Step 2. **The Board may decide to hear or deny the request for appeal.** ~~In an attempt to resolve the complaint, the Board shall~~ **may** hear the appeal with the concerned parties and their representative at a regular or special Board meeting. **The Board's decision will be final and will include the legal basis for the decision, findings of fact and conclusions of law.** A copy of the Board's **final** decision shall be sent to the complainant **in writing** within 10 days of this meeting.

If the compliance officer is the subject of the complaint, the individual may file a complaint with the President or designee. If the President or designee is the subject of the complaint, the complaint should be referred to the Board chair. The Board may refer the investigation to a third party.

Complaints against the Board as a whole or individual Board members should be made to the Board chair and may be referred to counsel. Complaints against the Board chair may be made directly to counsel

Timelines may be extended based upon mutual consent of both parties in writing.

If the complainant is not satisfied after exhausting local complaint procedures, or 90 days, whichever occurs first, he/she may appeal in writing to the ~~Commissioner~~ Director for the ~~Department~~ Office of Community Colleges and Workforce Development (CCWD) under Oregon Administrative Rule (OAR) 589-010-0100.



**DISCRIMINATION COMPLAINT FORM**

**(Please provide as much detail as you can in the spaces below. Use extra sheets if necessary)**

Clackamas Community College is a diverse community that provides equal opportunity in employment, activities, services and its programs. It is the policy of Clackamas Community College and its Board to prohibit discrimination or harassment on any basis protected by law, including but not limited to, an individual's protected classes of perceived or actual race, color, national or ethnic origin, religion, sex, age, mental or physical disability or perceived disability, pregnancy, familial status, economic status, veterans' status, sexual orientation or marital status, or because of the perceived or actual race, color, religion, sex, sexual orientation, national or ethnic origin, marital status, age, mental or physical disability or perceived disability, pregnancy, familial status, economic status, veterans' status of any other persons with whom the individual associates.

\_\_\_\_\_  
Printed Name of Person Filing Complaint (Complainant) \_\_\_\_\_  
Date

\_\_\_\_\_  
Home or Cell Phone Number \_\_\_\_\_  
Email Address

You are: (please check one)  Student  Employee  Campus Visitor  Volunteer  Other \_\_\_\_\_

Type of discrimination:  Race  Color  National Origin  
 Religion  Sex  Veterans' Status  
 Disability  Age  Sexual Orientation  
 Marital Status  Ethnicity  Other \_\_\_\_\_

Describe the alleged discriminatory action: (Please provide detailed information including names, dates, places, activities and results of informal discussion.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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Are there witnesses? To whom should we speak and what evidence should we consider? (Please provide details of names, telephone numbers or any other information to help us identify and contact the person(s))

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What would you like the institution to do as a result of your complaint—what is the suggested solution/resolution/outcome?

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Please return this form to any of the following:

Title IX Coordinator, Patricia Anderson-Wieck  
Dean, Human Resources  
503-594-3300

Section 504 Disability Coordinator, Christina Bruck  
503-594-3181

Title II Director, Darlene Geiger  
Associate Dean, Academic Foundations and Connections  
503-594-3392

*Direct complaints related to educational programs and services may be made to the U. S. Department of Education, Office for Civil Rights. Direct complaints related to employment may be filed with the Oregon Bureau of Labor and Industries, Civil Rights Division, or the U. S. Department of Labor, Equal Employment Opportunities Commission.*

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**FOR OFFICE USE ONLY:**

**Date Stamp: Complaint Received** \_\_\_\_\_ **By:** \_\_\_\_\_ **(initials)**

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