



**Norwalk Community College**  
Office of Diversity & Equity Programs  
188 Richards Avenue  
Norwalk, CT 06854  
Phone: (203) 857-7016

**Cheryl C. De Vonish, Esq.**  
**Chief Diversity Officer**  
**Special Advisor to the President**

## COMPLAINT OF DISCRIMINATION

**Instructions:** PLEASE COMPLETE THIS FORM IN ITS ENTIRETY. Failure to provide all of the requested information may result in a delay in responding to and resolving your complaint. For questions, 1-6 please provide as much detail as you can provide and attach any supporting documentation. By completing this form, you certify that the Information you provide is true to the best of your knowledge, information and belief and understand that knowingly providing false information on this form or during the course of any subsequent Investigation may be grounds for disciplinary action.

**Note: A complaint investigation can take anywhere from 4-8 weeks. During that time, you are expected to continue attending classes.**

Please print the following information:

Name \_\_\_\_\_ Student ID @ \_\_\_\_\_

Home Tel. No. \_\_\_\_\_ Cell Phone No. \_\_\_\_\_

Home Address \_\_\_\_\_ Email Address \_\_\_\_\_

\_\_\_\_\_

**What is the alleged basis of discrimination? (Check all that Apply)**

Age ☐

Marital Status ☐

Alienage/Citizenship ☐

National Origin ☐

Color ☐

Race ☐

Criminal Record ☐

Religion/Creed ☐

Disability ☐

Retaliation for Filing/Assisting in investigation of complaint ☐

Gender Identity/Expression ☐

Sex (Including pregnancy, Sexual Harassment) ☐

Genetic Information ☐

Sexual Orientation ☐

1. Please give name, title (i.e. Professor) and division of the person(s) you believe discriminated against you.
2. When did the alleged discrimination occur?
3. Where did it happen?
4. Were there witnesses to the discrimination? Please give the name and/or other identifiable information. Please provide a brief description of what the witnesses observed, heard or would have knowledge of.
5. Did you report this incident to anyone? If so, please state the name of the person to whom you reported it.
6. Describe what happened to you, which you believe is unlawful discrimination and how other persons were treated differently. This statement may be amended to correct mistakes or omissions. Please use extra pages if necessary.
7. How would you like to see this matter resolved?
8. You may be contacted several times throughout the investigation process. In order for us to complete the investigation in a timely matter, please provide the best way and the best time to contact you.

I certify that the information I have provided is true to the best of my knowledge, information and belief.

I understand that an investigation can take anywhere from 4-8 weeks, and during that time, I am expected to continue attending classes. Should I decided to withdraw from any classes, I will consult with an Academic Advisor in the NCC Counseling department.

---

Complainant's Signature

---

Date