

## **Sexual Harassment Complaint Procedure**

The dean of human resources is the College's compliance officer. The compliance officer has the responsibility for investigating allegations of sexual harassment and for investigations of sexual harassment.

Step 1 Any sexual harassment information (complaints, rumors, etc.) shall be presented to the compliance officer. Complaints may also be presented to any College administrator who will immediately notify the official responsible for sexual harassment investigations. All such information shall be reduced to writing and will include the specific nature of the sexual harassment and corresponding dates. Complaints against the compliance officer shall be reported to the President. Complaints against the President shall be submitted to the Board chair.

Step 2 The designated College official receiving the information or complaint shall promptly initiate an investigation. He/She will arrange such meetings as may be necessary to discuss the issue with all concerned parties within five working days after receipt of the information or complaint. All findings of the investigation, including the response of the alleged harasser, shall be reduced to writing. The designated College official(s) conducting the investigation shall notify the complainant in writing when the investigation is concluded. The parties will have an opportunity to submit evidence and a list of witnesses.

A copy of the notification letter shall be forwarded to the President.

Step 3 If a complainant is not satisfied with the decision at Step 2, he/she may submit a written appeal to the President. Such appeal must be filed within 10 working days after receipt of the Step 2 decision. The President will arrange such meetings with the complainant and other affected parties as deemed necessary to discuss the appeal. The President shall provide a written decision to the complainant within 10 working days.

Step 4 If a complainant is not satisfied with the decision at Step 3, he/she may submit a written appeal to the Board. Such appeal must be filed within 10 working days after receipt of the Step 3 decision. The Board shall, within 20 working days, conduct a hearing at which time the complainant shall be given an opportunity to present the appeal. The Board shall provide a written decision to the complainant within 10 working days following completion of the hearing.

Step 5 If the complaint is not satisfactorily settled at the Board level, the employee may appeal to the U.S. Department of Labor, Equal Employment Opportunity Commission or Oregon Bureau of Labor and Industries; the student may appeal to the Regional Civil Rights Director, U.S. Department of Education, Office for Civil Rights, Region X, 915 2nd Ave., Room 3310, Seattle, WA 98174-1099. Additional information regarding filing of a complaint may be obtained through the compliance officer or President.

All documentation related to sexual harassment complaints may become part of the student's education record or employee's personnel file as appropriate. Additionally, a copy of all sexual harassment complaints and documentation will be maintained as a confidential file and stored in the human resources or student services office, as appropriate.

In the event the President is the subject of the investigation, reports, when required, shall be made by the Board chair or individual appointed by the Board chair.

**Clackamas Community College**  
**ALLEGED HARASSMENT AND CIVIL RIGHTS VIOLATION COMPLAINT FORM**  
*(please type or print)*

Date: \_\_\_\_\_

Name: \_\_\_\_\_

You are: (please check one)    Student    Employee    Campus Visitor

Student/Employee I.D. number: \_\_\_\_\_

**Please describe alleged misconduct; be sure to include name(s), date(s) of occurrence(s) and place(s) of occurrence(s): (If more room is needed, attach additional pages.)**

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**Attach any material you feel will assist the College in reviewing your allegations.**

\_\_\_\_\_  
Signature of Person Filing This Complaint

\_\_\_\_\_  
Date

\_\_\_\_\_  
Area Code and Telephone Number

Please return this form to any of the following:

Dean of Human Resources, B 204  
Human Resources Manager, B 204  
Vice President of College Services, B218

<b>FOR HR OFFICE USE ONLY:</b>		<b>Date Stamp: Complaint Received</b> _____	<b>By:</b> _____
			Initials
<input type="checkbox"/> Investigation	<input type="checkbox"/> Resolved Informally	<input type="checkbox"/> Discrimination	<input type="checkbox"/> Other _____
<input type="checkbox"/> Harassment	<input type="checkbox"/> Sexual Harassment		

**Clackamas Community College**  
**WITNESS DISCLOSURE FORM**

Name of Witness: \_\_\_\_\_

Position of Witness: \_\_\_\_\_

Date of Testimony/Interview: \_\_\_\_\_

Description of Instance Witnessed: \_\_\_\_\_

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Any Other Information: \_\_\_\_\_

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I agree that all the information on this form is accurate and true to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Approved by President's Council: May 22, 2012  
(Date)