

Discrimination, Harassment, and Retaliation Complaint Form - Instruction Guide

This reporting form is NOT a 911 or emergency service; Do not use this site to report events presenting an immediate threat to life or property. If you require emergency assistance, please dial 911.

This form provides preliminary information to the Title IX Coordinator to assist in resolving violations of Bellingham Technical College's Non-Discrimination Policy and Title IX covered prohibited conduct as stated in the BTC Student Conduct Code (WAC 495B-121.)

Once you submit this report you may be contacted by someone from the Title IX Coordinator's office if additional information is needed. Regardless of the nature of your report, BTC will ensure that your information is forwarded to the office with responsibility for investigating and addressing complaints, reports, or concerns as appropriate, based on the information you have provided. The information you provide will be kept confidential to the extent permitted by law.

Section 1 – Background Information

NOTE: If you wish to submit a complaint for yourself anonymously and you are not a Responsible Employee, you may omit your contact information or deliver or send your complaint to:

Michelle Waltz, VP of Student Services
Bellingham Technical College
College Services 201
3028 Lindbergh Ave
Bellingham, WA 98225

Background Information

NOTE: If you wish to submit a complaint for yourself anonymously and you are not a Responsible Employee, you may omit your contact information or deliver or send your complaint to:

Susan Parker, Interim VP of Student Services
Bellingham Technical College
College Services 201
3028 Lindbergh Ave
Bellingham, WA 98225

Enable additional features by [logging in](#).

Your full name:

Your position/title:

Your phone number:

Your email address:

Your physical address:

Nature of this report (Required):

Date of incident (Required):

 

Time of incident:

Location of incident (Required):

Specific location:

Background Information Section details

Your Full Name – Enter your full name

Your Position/Title – Enter your position and/or job title

Your Phone Number – Enter your phone number. You can enter more than one number if necessary

Your Email Address – Enter your email address

Your Physical Address – Enter your address. List number, street, city and zip code

Nature of this Report (Required) – Select the nature of the incident you are reporting

- Discrimination
- Harrassment
- Title IX: Interpersonal Violence, Sexual Violence, Stalking
- Other

Date of Incident (Required) – Enter the date of the incident

Time of Incident – Enter the time of the incident

Location of Incident (Required) – Select the location of the incident

- Off Campus Address
- Building on campus – If the location isn't listed, select the closest location and enter the details in the next question

Specific Location

Location within building or off-campus address that was selected in the previous question

Section 2 – Involved Parties

Please provide the following information about the individual(s) you believe discriminated against you, harassed you, or retaliated against you. Please indicate all involved parties. If you do not have all of the information, you may leave fields blank.

Involved Parties

Please provide the following information about the individual(s) you believe discriminated against you, harassed you, or retaliated against you. Please indicate all involved parties. If you do not have all of the information, you may leave fields blank. Complainant: individual filing the complaint; Victim/Survivor: individual to whom the misconduct was directed; Respondent: individual who may have violated College policy; Witness: individual who observed the alleged behavior and can provide additional information

Name or Organization	Select Gender	Select Role	ID Number
<input type="text"/>	Please choose... ▼	Please choose... ▼	<input type="text"/>
DOB (YYYY-MM-DD)	Phone number	Email address	Hall/Address
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Add another

Involved Parties Section details

Name or Organization – Enter the full name. Exclude yourself

Select Gender – Enter their gender if known

Select Role – Enter what role they had in the incident

- **Complainant** - Individual filing the complaint.
- **Victim/Survivor** - Individual to whom the misconduct was directed.
- **Respondent** - Individual who may have violated College policy.
- **Witness** - Individual who observed the alleged behavior and can provide additional information.

ID Number – Enter any ID number if known. This could be SID, driver's license or something similar

DOB – Enter their date of birth if known. Use the YYYY-MM-DD format (e.g. 1996-04-15)

Phone Number – Enter their phone number

Email Address – Enter their email address

Hall/Address – Enter their address

Section 3 – Incident Specific Information

Please provide a detailed description of the complaint using specific concise, objective language (Who, what, where, when, why, and how). If you have listed an individual as an involved person, he or she should appear at least once in the narrative. Please provide as much detail as possible in describing the behaviors and activities that occurred. Avoid using pronouns when multiple individuals are involved.

Questions

Are you reporting this incident for yourself or for another person? (Required)

- I experienced this situation.
- Someone I know experienced this situation.

What is the nature of this report? (please select all that apply) (Required)

- Discrimination
- Retaliation
- Harassment
- Sexual Harassment
- Sexual Violence
- Relationship Violence
- Stalking
- Other (please specify in narrative below)

Do you feel this behavior happened because of: (please select all that apply) (Required)

- Age (40 & over)
- Color
- Disability
- Gender Identity
- Gender Expression
- Genetic Information
- National Origin
- Pregnancy
- Race
- Religion

- Retaliation
- Sex
- Sexual Orientation
- Veteran Status
- Other/I don't know

In your own words, please briefly describe the actions that occurred that you believe were discriminatory, harassing, or retaliatory. Please begin with the most recent incident and explain how the behavior or action relates to the category or categories checked above. (Required)

Please list any other college departments or outside agencies that were contacted about the concerns you have shared:

Please select one of the following: (If you are a Responsible Employee, please ensure you have read and understand your responsibilities.) (Required)

- I intend to file a formal complaint under the Grievance rules- Discrimination and harassment
- I am completing a Responsible Employee report. A Responsible Employee Report is required from (1) those who have the authority to take action to redress sexual harassment/misconduct, (2) those who have been given the duty of reporting incidents of sexual harassment/misconduct by students to the Title IX Coordinator, or (3) those who a student would reasonably believe have this authority or duty.

Section 4 – Supporting Documentation

Attach and photos, video, email, and other supporting documents for the incident. All the files need to be under 1GB total size combined.

Supporting Documentation

Photos, video, email, and other supporting documents may be attached below. 1GB maximum total size.

Attachments require time to upload, so please be patient after submitting this form.

Final Step

Click the "I'm not a robot" confirmation and then submit the report

One last step ...

Help us prevent spam reports by completing this captcha.

NOTE: If you do not see a gray box with a checkbox that says "I'm not a robot", please try a different web browser.

I'm not a robot

Submit report