

Northcentral Technical College District  
**Discrimination/Harassment Report Form**

Name of Person(s) filing report: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Are you a student, an employee, or a visitor? \_\_\_\_\_

What is your job title, program, or relationship with the College? \_\_\_\_\_

Where did the alleged incidents take place? \_\_\_\_\_

Please provide a detailed description of the incident. Include: date(s), time(s), names of people involved, witnesses, quotes, and any other information which would be helpful in investigating the incident. Please use the back of this form or attach other pages if necessary.

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Signature(s)

Date

PLEASE COMPLETE, SIGN, AND RETURN TO:

Affirmative Action Officer  
Northcentral Technical College  
1000 W. Campus Dr.  
Wausau, WI 54401  
Phone: (715) 675-3331, ext. 1057  
Email: [vink@ntc.edu](mailto:vink@ntc.edu)