

TITLE IX/NONDISCRIMINATION COMPLAINT FORM

Please use this form to file formal complaints alleging violations of federal, state, and College policies against unlawful discrimination and sex-based harassment. Please fill out this form as completely as possible. You may add additional pages to this form, as needed.

Complainant Information (Person bringing the complaint)

Last Name: _____ First Name: _____ MI: _____

Cell Phone: _____ Alternative Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Alternate Email Address: _____

Status or affiliation with the College

Student ID Number: _____

Most Recent Semester enrolled: _____

Employee Position/Title: _____

- Classified Staff
- Faculty
- Temporary Position
- Other

Respondent Information

Identify the person(s) against whom your complaint is made. For each Respondent, provide the identifying information requested below.

Respondent(s) Name: _____

Relationship/Association with the campus: _____

Type of complaint - check all that apply

- Relationship/Association with you: _____
- Race
- Religion
- Retaliation
- Sex
- Sexual Assault
- Sexual Harassment
- Sexual Orientation
- Stalking

- Age
- Color
- Dating Violence
- Domestic Violence
- Ethnic Group Identification
- Gender
- Identification/Expression
- Immigration Status
- Marital Status
- Medical Condition
- Mental Disability
- Military/Veteran Status
- National Origin/Ancestry
- Physical Disability
- Pregnancy
- Other

Incident Description

With regard to your identifying the type of complaint (Section 4) describe each incident of the alleged complaint separately. For each incident provide the following information: (Attach additional pages to this form, if necessary.)

- Date(s) the incident occurred
- Full name of individual(s) about whom you are complaining
- Briefly describe the incident
- Where it happened (e.g., specific address or building location)
- Why you believe the conduct was motivated by the protected classification(s) you identified in Section above.

If applicable, why you believe you were **retaliated** against for asserting your right to be free from discrimination on any of the above grounds or for filing a complaint. (Attach additional pages to this form, if necessary.)

Consequences to You as Result of Incident

Describe what happened to you as result of the incident, including any specific harm or adverse action taken against you. (Attach additional pages to this form, if necessary.)

Witness(es)

Identify individuals who may have observed or witnessed the incident(s) that you described. (Attach additional pages to this form, if necessary.) First Name, Last Name, Contact Number(s), Position/Job Title, Email address

Supporting Evidence

Do you have any documents, electronic communications, or physical evidence (such as letters, text messages, social media posts, emails, photographs, videos, blood tests or rape kits) that support your complaint? Please provide a description of this supporting evidence and include a copy.

Resolution

What would be an acceptable way to resolve this matter? Be as specific as possible

Representative/Support Person/Advisor

You may elect to have a representative/support person/Advisor at meeting(s) and/or during the investigation. Please note: under unlawful discrimination (Title 5) this role is limited to observing and consulting with you. For more information about the role of an Advisor under Title IX please read Administrative Regulation 3434 Prohibition of Sexual Harassment under Title IX.

CERTIFICATION

I CERTIFY THAT THE INFORMATION IN THIS COMPLAINT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE OR BELIEF.

Signature: _____

Name (please print): _____

Date: _____

To submit this form:

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