



If you believe that you have unlawfully harassed, please fill out this form and return it to the Title IX Coordinator. If more space is necessary, please continue your comments on the back of this form.

Today's Date: _____ Date of Occurrence of Alleged Violation: _____

Complainant Name: _____

Address: _____

Email address: _____

Phone: _____

Name(s) of person(s) accused of wrongdoing: _____

Alleged Discrimination / Harassment Factors:

Race Color Religion Gender
 National Origin Disability Age Veteran Status
 Sexual Orientation/Gender Identity Retaliation Creed
 Disability Marital or Veteran Status (or any other legally protected classification)

1. Describe all actions of person(s) named above. Be as detailed as possible; include the date, time and place of each event(s) or conduct involved. Attach additional pages.
2. Why do you believe this action was taken against you?
3. What effect has this had on you?

4. Names of witnesses to the above-described events. Include phone number(s), if known.
5. Did the witnesses personally observe or overhear the alleged conduct? If yes, please indicate the dates of observed/overheard behavior.
6. Are there any documents or emails which contain information supporting the occurrences described above?
7. Is there any physical evidence that supports your complaint? If so, please describe or attach a copy.
8. Have you missed any work/class time as a result of the alleged harassment/discrimination? If yes, please indicate dates of absences.
9. Have you received any counseling or received medical treatment as a result of this alleged harassment? If yes, indicate dates of counseling/treatment.
10. What is your requested remedy in this complaint?

Acknowledgment:

To investigate your complaint, it will be necessary to interview you, the alleged harasser(s), and any witnesses with knowledge of the allegations or defenses. The College will notify all persons involved in the investigation that it is confidential and that unauthorized disclosures of information concerning the investigation could result in disciplinary action, up to and including termination of employment.

The information provided in this complaint is true and correct to the best of my knowledge. I am willing to cooperate fully in the investigation of my complaint and provide whatever evidence the College deems relevant.

Complainant Signature: _____

Date: _____

For office use only:

Date Received by Title IX Coordinator: _____

Signature of Title IX Coordinator: _____