Title IX Discrimination Complaint Form

Title IX of the Education Amendments of 1972 (20 U.S.C. § 1681) is a federal law that prohibits discrimination based on the gender of students and employees of educational institutions which receive federal financial assistance. When the form has been completed and signed by you, and then signed by the Title IX Coordinator, your "Formal Complaint" has been filed and you have begun the Formal Resolution Process. We will provide you with a copy of this form as well as complete information about the Title IX Formal Resolution Process. If you require emergency assistance, please contact the Campus President.

| I am filing this complaint as: $(\sqrt{\ })$ one of t \Box Anonymous | he following | | | | |
|--|---|--|--|---------------|------------------------|
| □ Faculty/Staff □ Student □ Vendor/Community Member | | | | | |
| | | | | Printed Name: | |
| | | | | | School (if applicable) |
| Work Phone: | Home Phone: | | | | |
| Work Address: | | | | | |
| Home Address: | | | | | |
| Employee ID (if applicable): | Student ID (if applicable): | | | | |
| Have you brought this matter to the atte | ntion of any other department(s) at the College? If | | | | |
| so, please list the name(s) and departm | ent(s) of all other persons with whom you have | | | | |
| discussed this matter. | | | | | |
| | | | | | |
| | | | | | |
| Type of Complaint: $(\sqrt{\ })$ all that apply: | | | | | |
| □ Dating Violence | | | | | |
| ☐ Gender Discrimination | | | | | |
| □ Retaliation | | | | | |
| □ Sexual Harassment | | | | | |
| ☐ Sexual Assault | | | | | |

| Signature | Print Name | Date | |
|---|---|-------------------------------|--|
| For the Title IX Coordi | nator and/or Designee – Complaint | Taken By | |
| Your signature | Dat | Date | |
| I certify the aforemen | tioned is true and correct. | | |
| Name | Relationship | Telephone | |
| Name | Relationship | Telephone | |
| Name | Relationship | Telephone | |
| Witnesses: (The relaticustomer, faculty, etc) | onship information requested means | s a co-worker, supervisor, | |
| For retaliation complai | nts, please explain why you believe s | omeone retaliated against you | |
| Describe the corrective | e action you are seeking. Attach addi | tional pages if necessary. | |
| • | sons you believe committed the offer n, e.g. supervisor, co-worker, faculty, | , | |
| | | | |
| | | | |
| • | our complaint. Please summarize be complaint if necessary. | elow and attach additional | |