



Discrimination & Sexual Misconduct Complaint Form

Name of Complainant: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone/Cell: _____ E-mail: _____

Complainant is:

- | | | | |
|---|--|-------------------------------|----------------------------------|
| <input type="checkbox"/> Faculty Member | <input type="checkbox"/> Student | For Faculty, Staff & Student: | <input type="checkbox"/> Current |
| <input type="checkbox"/> Staff Member | <input type="checkbox"/> Not affiliated with the College | | <input type="checkbox"/> Former |

Respondent is:

- | | | | |
|---|--|-------------------------------|----------------------------------|
| <input type="checkbox"/> Faculty Member | <input type="checkbox"/> Student | For Faculty, Staff & Student: | <input type="checkbox"/> Current |
| <input type="checkbox"/> Staff Member | <input type="checkbox"/> Not affiliated with the College | | <input type="checkbox"/> Former |

Time and Date of Alleged Misconduct: Click or tap here to enter text.

Location of Alleged Misconduct: Click or tap here to enter text.

On Campus:

Off Campus:

Name(s) & contact information of any witnesses (if applicable):

Click or tap here to enter text.

Description of the alleged harassment: *(You may wish to consider including, among other things, some or all of the following information in your description: gender of the parties, the relationship between the parties, whether one or more were under the influence of alcohol or drugs at the time of the alleged incident, whether the respondent used pressure or force (physical or otherwise) in the course of the alleged incident, and the frequency?)*

Click or tap here to enter text.

Signature of Complainant: _____ Date Filed: _____

Title IX Coordinator: _____ Date Received: _____

Attach information to this form if additional space is needed.