

staff, and students who believe themselves to be harmed by sexual harassment or discrimination and harassment related to gender.

Name	
Department (if applicable)	School (if applicable)
Work Phone	Home Phone
Work Address	
Home Address	
Employee ID	Student ID

Have you brought this matter to the attention of any other department(s) at the College? If so, please list the name(s) and department(s) of all other persons with whom you have discussed this matter.

Type of Complaint
Check all that apply (v)

- Bullying
- Cyber bullying
- Gender Discrimination
- Gender Inequity
- Sexual Harassment
- Sexual Assault
- Sexual Misconduct
- Stalking
- Rape
- Retaliation
- Relationship Violence

Complaint: Describe your complaint. Please summarize below and attach additional pages describing your complaint if necessary.

Name of person or persons you believe committed the offense against you and how you have contact with them, e.g. supervisor, co-worker, faculty, customer.

Describe the corrective action you are seeking. Attach additional pages if necessary.

For retaliation complaints, please explain why you believe someone retaliated against you:

Witnesses (The relationship information requested means co-worker, supervisor, customer, student, faculty, etc.)

1.	Relationship	Telephone
2.	Relationship	Telephone
3.	Relationship	Telephone

I certify the aforementioned is true and correct.



Your signature	Date
----------------	------

For the Title IX Coordinator and/or Designee
Complaint taken by

Signature	Print Name	Date
-----------	------------	------