

TITLE: TITLE IX – SEXUAL MISCONDUCT

POLICY NO: 4-17

EFFECTIVE DATE: 02/06/2018

REVISED DATE: 10/22/2020

Formal Complaint Form

Today's date: _____ Responsible Employee _____

Information Regarding the Complainant:

Name of the Complainant: _____

Complainant's Phone Number and Email Address: _____

The Complainant is (please check one): faculty student staff not affiliated with the College

For faculty, staff, & students, indicate whether current or former

Information Regarding the Alleged Victim (if different from the Complainant):

Name of the Alleged Victim: _____

The alleged victim is (please check one): faculty student staff not affiliated with the College

For faculty, staff, & students, indicate whether current or former

Information Regarding the Respondent:

Name of the Respondent: _____

Respondent's phone number (if known): _____

The Respondent is (please check one): faculty student staff not affiliated with the College

For faculty, staff, & students, indicate whether current or former

Information Regarding the Alleged Sexual Harassment:

Time and date of the alleged Sexual Harassment: _____

Location of the alleged Sexual Harassment: on campus: off campus:

Other parties who may have information regarding the allegation(s), with contact information, if known:

Please provide a brief description of the alleged Sexual Harassment:

Please include the following information in your description when known: the gender of the parties, the relationship between the parties, whether the Respondent used force in the course of the alleged Sexual Harassment, and the frequency (if applicable) of the alleged Sexual Harassment.

Please feel free to use the reverse side of this form or separate pages to continue your description, if necessary.

TITLE: TITLE IX – SEXUAL MISCONDUCT

POLICY NO: 4-17

EFFECTIVE DATE: 02/06/2018

REVISED DATE: 10/22/2020

By signing this formal complaint form, I am requesting the College to investigate the above allegation(s).

Printed Name

Signature