**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.

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| --- | --- | --- |
|  | I am filing this complaint as a: check one: (√) **□** Anonymous□ Faculty/Staff □ Student | □ Vendor/Community Member |
| Printed 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 listthe name(s) and department(s) of all other persons with whom you have discussed this matter. |
| Type of ComplaintCheck all that apply (√)* Dating Violence
* Gender Discrimination
* Retaliation
* Sexual Harassment
* Sexual Assault
 |

**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, faculty, etc.)

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|  | **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** |