



# Discrimination & Sexual Misconduct Complaint Form

Name of Complainant: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone/Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

Complainant is:

|                |                                 |                               |         |
|----------------|---------------------------------|-------------------------------|---------|
| Faculty Member | Student                         | For Faculty, Staff & Student: | Current |
| Staff Member   | Not affiliated with the College |                               | Former  |

Respondent is:

|                |                                 |                               |         |
|----------------|---------------------------------|-------------------------------|---------|
| Faculty Member | Student                         | For Faculty, Staff & Student: | Current |
| Staff Member   | Not affiliated with the College |                               | Former  |

Time and Date of the Alleged Misconduct:

Location of the Alleged Misconduct:

On Campus:

Off Campus:

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

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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?)*

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Signature of Complainant: \_\_\_\_\_ Date Filed: \_\_\_\_\_

Title IX Coordinator: \_\_\_\_\_ Date Received: \_\_\_\_\_

*Attach information to this form if additional space is needed.*