Instructions for Using the Title IX Complaint Form

This complaint form may be used by complainants and persons filing the complaint on behalf of complainants, Title IX Coordinators, and responsible employees. Responsible employees and Title IX Coordinators should get relevant facts, but they should not conduct an investigation (unless, of course, the responsible employee is also an investigator of misconduct). All complaints must be forwarded to the Title IX Coordinator immediately.
Appendix A
Title IX Complaint Form

Today’s date: ____________________  Responsible Employee: ____________________

Information Regarding the Complainant:
Name of the Complainant: __________________________________________________________
Complainant’s Phone Number: _____________________________________________________

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 he or she is not 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 Misconduct (sexual harassment, sexual violence, domestic violence, dating violence, or stalking):

Time and date of the alleged Misconduct: _____________________________________________
Location of the alleged Misconduct: □ on campus: ____________________________________
□ off campus: ___________________________________________________________________

Witnesses or other parties who may have information regarding the alleged Misconduct, along with phone number, if known:
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Please provide a brief description of the alleged Misconduct:
Please include the following information in your description when known: the gender of the parties, the relationship between the parties, whether one or more of the parties were under the influence of alcohol or drugs at the time of the alleged Misconduct, whether the Respondent used force (physical or otherwise) in the course of the alleged Misconduct, and the frequency (if applicable) of the alleged Misconduct.

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

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

Approved 12/19/14