

**APPENDIX C – TITLE IX SEXUAL HARASSMENT COMPLAINT FORM**

**TITLE IX SEXUAL HARASSMENT COMPLAINT FORM**

The purpose of this form is to record information required to initiate an investigation into an alleged violation of the College’s Title IX Sexual Harassment Policy. All reasonable efforts will be made to maintain the confidentiality of the parties involved during the process in accordance with the Affirmative Action Policy.

It is unlawful to retaliate against a student, employee or any other person in the College for filing a complaint or for cooperating in an investigation of a complaint. All parties to a complaint may have an advisor (for union employees this may be a union representative) assist them throughout the process.

Date Filed: \_\_\_\_\_ Date(s) of Alleged Discrimination: \_\_\_\_\_

A. Name (Print): \_\_\_\_\_

B. Check One: Student: \_\_\_\_\_ Employee: \_\_\_\_\_  
Department/Division: \_\_\_\_\_

C. Type of alleged discrimination or act meets Title IX Sexual Harassment<sup>6</sup> as defined in the Affirmative Action Policy: (Check here if yes)

\*If sexual violence is alleged, specify type as defined under this Policy: \_\_\_\_\_

D. Name of individual(s) you believe discriminated against you: \_\_\_\_\_

E. List any witnesses: \_\_\_\_\_

<sup>6</sup>Title IX regulations require institutions of higher education to implement a policy to address sexual harassment/sexual violence as specifically defined by the U.S. Department of Education. Accordingly, Formal Complaints of Title IX Sexual Harassment will be subject to review in accordance with the Title IX Sexual Harassment Complaint Process (*Section L, III*). Notwithstanding, the College reserves the right to address all complaints of sexual harassment/sexual violence under the Complaint Process (*Section L, II*).

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F. Description of Complaint - please list the sequence of events, including dates, if possible, and any relevant facts and statements:

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(If additional writing space is needed, please attach additional sheets)

**To the best of my knowledge and belief, the above information is complete, true and accurate and not a “false charge” as defined under this Policy. I hereby submit this complaint under the College’s Affirmative Action Complaint Procedure.**

\_\_\_\_\_  
Signature of Complainant & Date

Received by (College Official’s name/title): \_\_\_\_\_

Date Received: \_\_\_\_\_