

Title IX Discrimination Complaint Form

Title IX of the Education Amendments of 1972 (20 U.S.C. § 1681) is an all-encompassing 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 or a Deputy, your complaint has been properly received and noted by the College.** We will provide you with a copy of this form as well as complete information about the Title IX complaint process. If you require emergency assistance, please call security at: 609-570-3200.

The Title IX Coordinator and/or designee investigate complaints by faculty, staff, and students who believe themselves to be harmed by sexual harassment or discrimination or harassment related to gender.	I am filing this complaint as a: check one: (v) <input type="checkbox"/> Anonymous
	<input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Student
	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 list the name(s) and department(s) of all other persons with whom you have discussed this matter. _____ _____
	Type of Complaint Check all that apply (v) <input type="checkbox"/> Bullying <input type="checkbox"/> Cyber bullying <input type="checkbox"/> Gender Discrimination <input type="checkbox"/> Gender Inequity <input type="checkbox"/> Sexual Harassment <input type="checkbox"/> Sexual Assault <input type="checkbox"/> Sexual Misconduct <input type="checkbox"/> Stalking <input type="checkbox"/> Rape <input type="checkbox"/> Retaliation <input type="checkbox"/> Relationship Violence

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.)

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 _____
