

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 District.** 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: 318-932-4081

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 and 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)	

- Bullying
- Cyber bullying
- Gender Discrimination
- Gender Inequity
- Sexual Harassment
- Sexual Assault
- Sexual Misconduct
- Stalking
- Rape
- Retaliation
- 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 _____

REPORT OF TITLE IX VIOLATION

Report No. _____

Name of Reporting Person

(check one) _____ student _____ parent/guardian _____ employee _____ other/ _____

Basis for Report (check one) _____ Information from student/name: _____

_____ Information from non-student/name: _____

_____ Personal knowledge

Name(s) of Alleged Victim(s) _____

Name(s) of Alleged Harasser(s) _____

Name(s) of Alleged Witness(es) _____

Description of Alleged Sexual Harassment/Retaliation (Must include specific act(s), circumstances, date, time, and other details known which give cause to believe that sexual harassment and/or retaliation has occurred. Separate written statement may be attached.)

Additional Information (Should include all other information known which may assist in investigation of report, such as how and when reporting party/source learned of reported facts, above, names of other persons who may have related information, etc. Separate statement may be attached.)

Signature of Reporting Person _____ Phone No. _____

Date Submitted _____ Time Submitted _____ Email _____

Signature of Principal or designee _____ Date/Time Received _____

NEXT STEP: STEP 1 INVESTIGATION