Sexual Misconduct Complaint Form

Directions: If you believe that you have been the victim of sexual misconduct, please fill out the form below. The College can only take actions based on the information provided by you. If more space is necessary, please continue your comments on the back of this form, or on a separate sheet of paper.

Date of Incident:__________________________

Name (Complainant):__________________________________________________________

Name(s) of who you believe committed the alleged act(s) (Respondent): ______________

____________________________________________________________________________

Is person an employee, student, authorized volunteer, guest/visitor, or college?

Check One: Employee_____ Student_____ Authorized Volunteer _____ Guest/Visitor _____
College_____

Please describe the alleged incident(s), and when and where it occurred. Also, please attach any supporting documentation and evidence. [Use an additional sheet of paper if necessary.]

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________
Identify all individuals with knowledge of the conduct about which you are complaining.

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

We highly encourage attempting to resolve complaints informally. Would you be interested in attempting this process? Check one: Yes____No_____

Please describe your requested remedy for this grievance.
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Disclosure
To investigate your grievance, it will be necessary to interview you, the alleged Respondent, and any witnesses with knowledge of the allegations or defenses. The statements and the information that you are providing may be attributed to you and could be included in any grievance reports that are prepared.

Authorization to disclose identity of Complainant: Yes____No_____

*Please note limiting the college’s ability to disclose will affect the college’s ability to respond to the grievance.

Please provide your contact information

Phone Number_________________Alternate Phone Number ________________

Email_____________________________
Acknowledgement

I, ____________________________, am willing to cooperate fully in the investigation of my grievance and provide whatever evidence the College deems relevant. I affirm that the information I am providing is true and correct to the best of my knowledge. I understand that my statements and the information that I am providing may be attributed to me and could be included in any investigation reports that are prepared. I also understand that this investigation is confidential and for me to disclose any information that I have obtained during the course of this investigation could interfere with the investigation. Further, I understand that discussing this investigation with Non-College Officials could expose me to civil liability under current defamation law. I also understand that if I do not fully cooperate, decisions will be made based on the best information available to the College.

__________________________________________  __________________
Signature                                      Date

__________________________________________  __________________
Witness                                        Date
FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)
AUTHORIZATION

I,__________________________, understand that my complaint constitutes an “educational record” as defined by the Family Educational Rights and Privacy Act of 1974 (FERPA). As such I authorize the College to disclose my name and/or the specific allegation(s) made by me to the Respondent of said allegation(s) and to others identified as material witnesses during the course of this investigation. Other than the aforementioned, I understand that I retain all other rights afforded to me under FERPA.

______________________________  ______________________________
Signature                          Date

______________________________  ______________________________
Witness                            Date