

Richland College Title IX Office

COMPLAINT INCIDENT REPORT FORM CIVIL RIGHTS/SEXUAL MISCONDUCT

Directions: If you believe that you have been subjected to civil rights violations, you may submit your complaint using this form, or verbally by contacting the Title IX/EO Coordinator. Depending on the information you provide, Richland College may be obligated to investigate even without your permission. Richland College can only base its findings and 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 Complaint: _____

Name (Reporting Party): _____

ID#, if applicable _____

Please Check: Employee ___ Student ___ Authorized Volunteer ___ Guest/Visitor ___

If you are not the victim, please include their name(s) _____

If victim, please check:

Employee ___ Student ___ Authorized Volunteer ___ Guest/Visitor ___

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

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

Check One: Employee ___ Student ___ Authorized Volunteer ___ Guest/Visitor ___

Please describe the alleged incident(s), and when and where it occurred. Also, please attach any supporting documentation and evidence.

Richland College Title IX Office

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

*If the complaint is an allegation of sexual assault Richland College will not allow an informal proceeding to occur.

Please describe your requested remedy for this complaint.

Richland College Title IX Office

Disclosure

To investigate your complaint, it will be necessary to interview you, the alleged respondent(s), 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 investigative reports that are prepared. Further, it may be necessary to include you as a witness in any hearing that may occur due to these alleged incidents.

Authorization to disclose identity of person reporting incident: Yes No

Print Name: _____

Signature/Date: _____

*Please note limiting College's ability to disclose will affect the ability to respond to the complaint.

Please provide your contact information

Phone Number _____ Alternate Phone Number _____

Email _____

Richland College Title IX Office

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: _____