



TITLE IX and SaVE COMPLAINT FORM

You do not have to use this form to file a Title IX or SaVE complaint with Wilson Community College. You may send a letter or e-mail instead of this form, but the letter or e-mail must include the information requested below. The Title IX Coordinator can also complete this form with a complainant in a face-to-face meeting. If additional space is required, please attach added pages. Please attach any documentation that would assist the investigation.

1. Name of person filing this complaint:

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Work / Cellular Telephone: _____

E-mail Address: _____

2. Complainant - Name of person discriminated against (if other than person filing). If the person discriminated against is age 18 or older, we need that person's signature on this form stating that the information provided is true and accurate. If the person discriminated against is a minor, the signature of the minor's parent or legal guardian is required.

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Work/Cellular Telephone: _____

E-mail Address: _____

3. Under Title IX, the College is required to investigate all complaints of sexual / gender discrimination, harassment, or violence that is severe, persistent, or pervasive sufficient to deny or limit the participation of any individual in any College service, program, or activity. Under SaVE, the College is required to investigate domestic violence, dating violence, sexual violence, and stalking when the alleged discrimination took place on our campus or limits or denies an individual's ability to participate in a College service, program, or activity, when the alleged discrimination took place on an off-campus, College approved activity, or when both parties are directly connected to the College.

Please indicate the basis of your complaint:

9. If the allegations contained in this complaint have been filed with any other federal, state, or local civil rights agency, or any federal or state court, or federal, state, or local law enforcement authority, please give details and dates. The College will determine whether it is appropriate to contact any other agency regarding your complaint.

Agency or Court: _____

Law Enforcement Authority: _____

Date Filed: _____

Case Number or Reference: _____

Results of Investigation / Findings by Agency, Court, or Law Enforcement Authority:

10. If we cannot reach you at home or work, we would like to have the name and telephone number of another person (relative or friend) who knows where and when we can reach you. This information is **not required**, but it could be helpful in our investigation.

Last Name: _____ First Name: _____ Middle Initial: _____

Home Telephone: _____ Work/ Cellular Telephone: _____

E-mail Address: _____

- 11: What would you like the College to do as a result of your complaint – what remedy are you seeking?

With my signature, I declare that the information contained in this Complaint Report is true and correct to the best of my knowledge. I further declare that it is true and correct that I am the person named below; and, if the complaint is filed on behalf of a minor child / ward, that I am that person's parent or legal guardian. If this complaint was filed on behalf of a specific person who is younger than 18 years old or a legally incompetent adult, this form must be signed by the parent or legal guardian of that person.

Date:

Signature - Complaint filed by / Number 1 Above:

Date:

Signature – Complainant / Number 2 Above:

Please sign section A or section B below (but not both):

- A. I give my consent to reveal my identity (and that of my minor child / ward on whose behalf the complaint is filed) to others to further the College's investigation and enforcement activities.

Date

Signature

OR

- B. I do not give my consent to reveal my identity (and that of my minor child / ward on whose behalf the complaint is filed) to others to further the College's investigation and enforcement activities. I understand that the College's investigative and enforcement activities may be limited by not being able to reveal my identity.

Date

Signature

Please use this area to expand on your answers or to give additional information.

September 2014