



**COMPLAINT  
INCIDENT REPORT FORM  
CIVIL RIGHTS**

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, the System and the Colleges may be obligated to investigate even without your permission. The System and the Colleges 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 (Complainant): \_\_\_\_\_ S#, *if applicable* \_\_\_\_\_

System or College: \_\_\_\_\_

*Please Check:* Employee \_\_\_ Student \_\_\_ Authorized Volunteer \_\_\_ Guest/Visitor \_\_\_

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

*Is 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.

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*Complaint Incident Report Form Continued-Civil Rights*

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

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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, the System nor the College will allow an informal proceeding to occur.*

Please describe your requested remedy for this complaint.

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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  
*\*Please note limiting the System and 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 \_\_\_\_\_

**Acknowledgement**

I, \_\_\_\_\_, am willing to cooperate fully in the investigation of my complaint and provide whatever evidence the System or 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 System or 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