



TITLE IX COMPLAINT/INTAKE FORM

Chipola College (CC) is committed to prompt resolution of complaints in a manner consistent with Chipola Policy and Procedures. You do not have to use this form to receive assistance; however, this form will be used so that we can be certain that all necessary steps for a resolution have been completed. This form is to be used for reporting to the Title IX Coordinator.

Please feel free to attach additional sheets of information if you believe they are necessary. In addition, please provide any documentation in support of your claim.

If you believe you have been sexually assaulted, harassed, or discriminated against by any member of the Chipola community or while participating in a college-sponsored activity, you are encouraged to bring it to the attention of the Title IX Coordinator and/or other College official.

This form and any attachments should be submitted to the Title IX Coordinator's Office

<p>Title IX Coordinator Wendy Pippen Human Resources Office 3094 Indian Circle Administration Building, Room A-183 Marianna, FL 32446 pippenw@chipola.edu</p>

You may also email the form to pippenw@chipola.edu with subject line: Title IX Complaint Form

PLEASE PRINT CLEARLY

Complainant (Person Filing the Complaint):

Name: _____

Student: _____ Employee: _____ Both: _____

Department: _____

Work Phone: _____ Home Phone: _____ Cell Phone: _____

Address: _____ City: _____ State: ____ Zip: _____

Email Address: _____

How do you prefer to be contacted? Phone: _____ Email: _____

Name of Respondent (Individual Complaint is Against):

Name: _____

Student: _____ Employee: _____ Both: _____

Department: _____

Work Phone: _____ Home Phone: _____ Cell Phone: _____

Address: _____ City: _____ State: ___ Zip: _____

Email Address: _____

Identify in which area your rights were discriminated against:

Employment: _____ Education: _____ Retaliation: _____

Identify the basis on which you were discriminated against:

Race:	Color:
National Origin:	Ethnicity:
Religion:	Age:
Sex (Gender)	Pregnancy:
Disability:	Veteran Status:
Genetic Information:	Marital Status:
Sexual Misconduct*:	Other Protected Class:

**If you have a complaint regarding sexual misconduct, please complete the section below.*

SEXUAL MISCONDUCT QUESTIONNAIRE:

Identify below which type of sexual misconduct does your complaint apply:

Sexual Assault:	Sexual Exploitation:
Sexual Intimidation:	Sexual Harassment:
Domestic Violence:	Dating Violence:
Stalking:	

Date of first incident: _____

Date of most recent incident: _____

Incident Explanation:

(End of sexual misconduct questionnaire)

Do you feel that you are currently at risk to the Misconduct continuing: Yes _____ No _____

If yes, please explain:

General Harassment:

If your complaint is not categorized above, it may not be a form of discrimination or sexual misconduct. Please provide explanation of your complaint below. *(Provide documentation in support of your claim, if possible)*

Have you contacted anyone else for help regarding this complaint? If so, please identify them below:

NAME:	TITLE:	DATE:

Have you notified law enforcement officials regarding your complaint? Yes _____ No _____

If yes, please identify which agency(s) and the agency contact person:

What is the action status with the agency(s) involved?

Describe the injury or harm you suffered because of the alleged discrimination. Please attach additional sheets if you need additional space.

Have you received any medical attention regarding this complaint? Yes _____ No _____

Have you received any counseling regarding this complaint: Yes _____ No _____

STATEMENT OF INCIDENT/EVENT PROVIDED BY COMPLAINANT:

Please provide a detailed explanation/statement of the incident(s)/event(s), including dates, places and names of witnesses. Please attach additional sheets if additional space is needed. Also, provide any documentation in support of your complaint.

When considering reporting options, victims should be aware that certain personnel employed by CC can maintain strict confidentiality, while others have mandatory reporting and response obligations. CC personnel that are not confidential reporters and who receive a report of alleged sexual misconduct are required to share the information with appropriate administrative authorities for investigation, follow-up and response. CC will protect a Complainant's confidentiality by refusing to disclose information to anyone outside of CC to the maximum extent permitted by law. As for confidentiality of information within, CC must balance a victim's request for confidentiality with its responsibility to provide a safe and nondiscriminatory environment.