ACG-E Title IX Discrimination Complaint Form-CCPS

Title IX of the Education Amendments of 1972 (20 U.S.C. § 1681) is an all-encompassing federal law that prohibits discrimination based on the gender of students and employees of educational institutions which receive federal financial assistance. **When the form has been completed and signed by you, and then signed by the Title IX Coordinator, your complaint has been properly received.** We will provide you with a copy of this form as well as complete information about the Title IX complaint process. Please fill out this form and ensure that it is sent to the Human Resources Office. If you have any questions please call Mr. George Kiernan – TITLE IX Coordinator at 803-655-7310.

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| The Title IX Coordinator and/or designee investigate complaints by faculty, staff, and students who believe themselves to be harmed by sexual harassment or discrimination and harassment related to gender. | I am filing this complaint as a: check one: (√) **□** Anonymous  □ Faculty □ Staff | □ Student |
| Name |  |
| Department (if applicable) | School (if applicable) |
| Work Phone | Home Phone |
| Work Address |  |
| Home Address |  |
|  |  |
| Have you brought this matter to the attention of any other faculty? If so, please list  the name(s) of all other persons with whom you have discussed this matter. | |
| Type of Complaint  Check all that apply (√)   * Bullying * Cyber bullying * Gender Discrimination * Gender Inequity * Sexual Harassment * Sexual Assault * Sexual Misconduct * Stalking * Rape * Retaliation * Relationship Violence | |

**Complaint**: Describe your complaint. Please summarize below and attach additional pages describing your complaint if necessary.

Name of person or persons you believe committed the offense against you and how you have contact with them, e.g. supervisor, co-worker, faculty, student.

Describe the corrective action you are seeking. Attach additional pages if necessary.

For retaliation complaints, please explain why you believe someone retaliated against you:

**Witnesses** (The relationship information requested means co-worker, supervisor, customer, faculty, etc.)

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|  | **1.** | **Relationship** | **Telephone** |
| **2.** | **Relationship** | **Telephone** |
| **3.** | **Relationship** | **Telephone** |
|  | **I certify the aforementioned is true and correct.** |  |  |
|  | **Your signature** | **Date** |  |
|  | **For the Title IX Coordinator and/or Designee** |  |  |
|  | **Complaint taken by**  **Signature** | **Print Name** | **Date** |