

NORTH FLORIDA COMMUNITY COLLEGE

TITLE IX COMPLAINT/INTAKE FORM

North Florida Community College (NFCC) is committed to prompt resolution of complaints in a manner consistent with NFCC 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.

PLEASE PRINT CLEARLY.

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

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

Title IX Coordinator	Deputy Title IX Coordinator
Tyler Coody 325 NW Turner Davis Dr. Building 12, Room 128B Madison, FL 850-973-1639 coodyt@nfcc.edu	Jhan Reichert 325 NW Turner Davis Dr. Building 4, Room 102 Madison, FL 850-973-9485 reichertj@nfcc.edu

You may also email the form to coodyt@nfcc.edu or reichertj@nfcc.edu (subject line-Title IX Complaint Form).

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: _____

Were you discriminated against with regard to your rights in:

Employment: _____ Education: _____ Retaliation: _____

Were you discriminated against because of your:

Race: _____ Color: _____ National Origin: _____

Religion: _____ Age: _____ Sex (Gender): _____

Disability: _____ Veterans Status: _____ Sex Orientation: _____

*Sexual Misconduct: _____

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

SEXUAL MISCONDUCT QUESTIONNAIRE-which of the following type of sexual misconduct does your complaint fall under?

a) Sexual Assault YES NO

b) Sexual Exploitation YES NO

c) Sexual Intimidation YES NO

d) Sexual Harassment YES NO

e) Domestic Violence YES NO

f) Dating Violence YES NO

g) Stalking YES NO

Date first incident took place: _____

Date of most recent incident: _____

(Explain)

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. What is your concern? Please provide documentation in support of your claim if possible.

EXPLAIN:

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

Name: _____

Title: _____ Date: _____

Name: _____

Title: _____ Date: _____

Name: _____

Title: _____ Date: _____

Have you notified law enforcement officials in regards to this claim? YES NO

If so, which agency(s) and 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 more additional space.

Have you received any medical attention in regards to this claim? YES NO

Have you received any counseling in regards to this claim? YES NO

Statement of Events Provided by Complainant

Please provide a detailed statement of the events, including dates, places, and names of witnesses. Please attach additional sheets if you need more space. Also, provide any documentation in support of your claim.

When considering reporting options, victims should be aware that certain personnel employed by NFCC can maintain strict confidentiality, while others have mandatory reporting and response obligations. NFCC 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 and follow up. NFCC will protect a Complainant’s confidentiality by refusing to disclose his or her information to anyone outside of NFCC to the maximum extent permitted by law. As for confidentiality of information within, NFCC must balance a victim’s request for confidentiality with its responsibility to provide a safe and nondiscriminatory environment.