**Name** of person providing information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact telephone and/or e-mail**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This form is intended to assist you with filing a discrimination and/or harassment complaint. You are not required to use this form to make a complaint or report. Please provide as much information as possible about the incident or concern, including the location, date and time of the incidents(s); the name of the individual(s) or group(s) whom the complaint is about, if known; a complete description of the incident(s); and what you want to happen as a result of providing this information.

Please provide all information that you believe is important using this form, and attach any other information you believe may be relevant. Please use as many pages as needed. If you need or want any assistance in providing this information, please contact the College’s Title IX/EEO Coordinator or any Title IX Deputy Coordinator, or staff in the Dean of Students office or Human Resources office.