



Title IX GRIEVANCE FORM

You should review the Title IX Regulation (2075.01) on the Eastern Arizona College's (EAC) website at www.eac.edu/TitleIX/.

This form is designed to provide Title IX Officers with a method to gather uniform and specific information related to an alleged incident(s) of discrimination, harassment (including sexual misconduct), or retaliation. The College will use the information provided to begin an investigation, which may include contacting the complainant, respondent, and/or any potential witnesses.

Complainant Information*:

Are you a:

- Student Faculty Visitor
 Employee Vendor Other (Please specify) _____

Is the complainant a:

- Victim Witness Third-Party Complainant

If you wish to identify yourself, please fill in the information listed below:

Last Name: _____ First Name: _____ MI: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Number: _____ Email: _____

** If the person completing this form is the victim, you may choose to identify yourself or not. If you are a third party complainant who is not the victim, include the victim's identifiable information only if the victim wishes.*

** Victims completing this form who provide personally identifiable information can expect the college to follow-up with an appropriate investigation. For information-only reports, victims should omit all personally identifiable information to ensure confidentiality.*

Type and Basis of Complaint:

Type of Complaint:

- Discrimination Harassment (including sexual misconduct) Retaliation

If you are filing a discrimination or harassment complaint, please indicate the protected status(es) that is/are the basis of the alleged behavior:

- Race/Ethnicity Nationality Sex/Gender Age
 Marital Status Sexual Orientation Religion Veteran Status
 Genetic Predisposition Disability

Respondent/Accused Information*:

Please identify the person against whom your complaint is made.

Name: _____ Contact Information: _____

Is this person a:

- Student Faculty Visitor
 Employee Vendor Other (Please specify)

Title/Department (if applicable): _____

Relationship/Association to you: _____

Name: _____ Contact Information: _____

Is this person a:

- Student Faculty Visitor
 Employee Vendor Other (Please specify)

Title/Department (if applicable): _____

Relationship/Association to you: _____

** If the person completing this form is the victim, you may choose to identify yourself or not. If you are a third party complainant who is not the victim, include the victim's identifiable information only if the victim wishes.*

** Victims completing this form who provide personally identifiable information can expect the college to follow-up with an appropriate investigation. For information-only reports, victims should omit all personally identifiable information to ensure confidentiality.*

Complaint:

While providing details is essential to investigating your complaint, please be advised that some or all of the information you provide in this section may be shared with the person(s) you are accusing. You may supplement this description later if you wish to share additional details.

1. Describe the incident(s)/event(s) including dates, times, locations, and any potential witnesses to the behavior:

2. Describe the impact that the behavior has had on you:

3. Have you taken any action to stop the behavior? Yes No
If so, what actions have you taken and what was the outcome?

4. Please add any additional documents or information that supports your complaint.

Resolution:

What remedy are you seeking?

I certify that the information I have provided is true and accurate to the best of my knowledge.

Signature

Date