

**APPENDIX**  
**COMPLAINT**  
**INCIDENT REPORT FORM**  
**CIVIL RIGHTS**

Directions: If you believe that you, or someone else, have or has been subjected to civil rights violations, you may submit your complaint using this form, or verbally by contacting the Title IX/EO Coordinator. Depending on the information you provide, the System and the Colleges may be obligated to investigate even without your permission. The System and the Colleges can only base its findings and take actions based on the information provided by you. If more space is necessary, please continue your comments on the back of this form, or on a separate sheet of paper.

Date of Report: \_\_\_\_\_

Your Name : \_\_\_\_\_ S#, if applicable \_\_\_\_\_

System or College: \_\_\_\_\_

*Please Check:* Employee \_\_\_ Student \_\_\_ Authorized Volunteer \_\_\_ Guest/Visitor \_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

If you are not the victim, please include their name(s) \_\_\_\_\_

Is victim, *please check:*

Employee \_\_\_ Student \_\_\_ Authorized Volunteer \_\_\_ Guest/Visitor \_\_\_

Name(s) of who you believe committed the alleged act(s): \_\_\_\_\_

Is person an employee, student, authorized volunteer, or guest/visitor?

*Check One:* Employee \_\_\_ Student \_\_\_ Authorized Volunteer \_\_\_ Guest/Visitor \_\_\_

Please describe the alleged incident(s) with as much detail as possible. Also, please attach any supporting documentation and evidence.

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*Complaint Incident Report Form Continued-Civil Rights*

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Identify all individuals with knowledge of the conduct about which you are complaining.

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Do you have reason to believe this incident represents a present threat of harm or danger to the victim or other member(s) of the college community?

Yes \_\_\_ No \_\_\_ If yes, please

explain: \_\_\_\_\_

Was a weapon involved: Yes \_\_\_\_\_ No \_\_\_\_\_

Was there any evidence that this incident was motivated by the victim's (circle all that apply):

- |                        |                     |                         |                    |       |
|------------------------|---------------------|-------------------------|--------------------|-------|
| Sex/Gender             | Race                | Color                   | Age                | Creed |
| National/Ethnic Origin | Disability          | Veteran/Military Status | Pregnancy          |       |
| Religion               | Genetic Information | Gender Identity         | Sexual Orientation |       |

We highly encourage attempting to resolve complaints informally. Would you be interested in attempting this process? *Check one:* Yes \_\_\_ No \_\_\_

*\*If the complaint is an allegation of sexual assault, the System nor the College will allow an informal proceeding to occur.*

Please describe your requested remedy for this complaint.

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Disclosure

To investigate your complaint, it will be necessary to interview you, the alleged respondent(s), and any witnesses with knowledge of the allegations or defenses. The statements and the information that you are providing may be attributed to you and

could be included in any investigative reports that are prepared. Further, it may be necessary to include you as a witness in any hearing that may occur due to these alleged incidents.

Authorization to disclose identity of person reporting incident:        Yes    No  
*\*Please note limiting the System and College's ability to disclose will affect the ability to respond to the complaint.*

Please provide your contact information

Phone Number \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_

Email \_\_\_\_\_

**Acknowledgement**

I, \_\_\_\_\_, am willing to cooperate fully in the investigation of my complaint and provide whatever evidence the System or the College deems relevant. I affirm that the information I am providing is true and correct to the best of my knowledge. I understand that my statements and the information that I am providing may be attributed to me and could be included in any investigation reports that are prepared. I also understand that this investigation is confidential and for me to disclose any information that I have obtained during the course of this investigation could interfere with the investigation. Further, I understand that discussing this investigation with Non-College Officials could expose me to civil liability under current defamation law. I also understand that if I do not fully cooperate, decisions will be made based on the best information available to the System or the College.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Witness

\_\_\_\_\_

Date

**RELEASE OF INFORMATION FROM AN EDUCATIONAL RECORD PROTECTED  
UNDER THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)**

All students have the right to protection of their educational records from general disclosure under the terms and provisions of 20 U.S.C. 1232g. Under FERPA, limited disclosure of personally identifiable information from a student's protected educational record is permitted in accordance with the exceptions to FERPA's coverage, and with the specific consent of the student whose record it is. This form is designed to allow a student to specifically consent to the limited disclosure of protected information from their educational record. Please understand that limited disclosure permits you to consent to release of specific information from your record to specific individuals who would not otherwise have a right to know that information.

I, \_\_\_\_\_, acknowledge as a student participating in this investigation, my "educational records" as defined by the Family Educational Rights and Privacy Act of 1974 (FERPA) may become relevant in this matter. Specifically, if I am the complainant, my complaint may constitute an "educational record", and may have to be disclosed.

As such I authorize the College to disclose the following "educational records" during this investigation:

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I give the college permission to share these educational records with the following individuals: (Please indicate Yes or No)

Respondent(s) \_\_\_\_\_ Title IX/EO Coordinator(s) \_\_\_\_\_ Investigator(s) \_\_\_\_\_

Witnesses \_\_\_\_\_

Faculty/Instructors (Please list names): \_\_\_\_\_

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Other individual(s): \_\_\_\_\_

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The College will release the above referenced information to the above referenced individuals per my consent. All those to whom information from my education record(s)

are given will be cautioned that the information is for them alone, and that re-disclosure to unauthorized individuals is a violation of FERPA that will be enforced by the College.

I expressly consent to the foregoing:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

## CONFIDENTIALITY STATEMENT

I attest that the information I provide during this interview is complete and accurate to the best of my knowledge. I also understand that the statements made and information gathered through this interview will remain confidential to the extent possible. Information gathered will be shared only with individuals on a need-to-know basis.

Recognizing the sensitive nature of this inquiry, all participants in this investigation are instructed to maintain total confidentiality regarding this matter. I understand that I must not discuss any information regarding this interview with fellow employees, students, and anyone else involved in this investigation, and to do so may be cause for corrective and/or disciplinary action. If asked for information regarding this inquiry, I shall refer that individual to the Director of Human Resources Director, or the Equal Opportunity/Title IX Coordinator.

Finally, I understand that retaliation by anyone based upon participation in this inquiry is inappropriate and will not be tolerated. If I feel I have been retaliated against for participating in any protected activity, such as this inquiry, I understand that I am to report it to the Director of Human Resources Director, or the Equal Opportunity/Title IX Coordinator.

My signature certifies that I have read and understand the information cited above.

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Print Name

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Investigator's Printed Name

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Signature/Date

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Investigator's Signature/Date

Date and Time of Interview: \_\_\_\_\_