

Complainant Demographics

Name:

Mailing Address:

Email Address:

Primary Phone:

Campus Location:

Department (if employed by MCC):

Affiliation to the College:

Student/Employee ID:

Complaint Information

I believe I was subject to:

- Discrimination Harassment

Because of my (check all that apply):

- | | | |
|--------------------------------------------------|---------------------------------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Race | <input type="checkbox"/> Color | <input type="checkbox"/> Age |
| <input type="checkbox"/> Gender Identity | <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Genetic Information |
| <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Sex (Gender) | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Citizenship | <input type="checkbox"/> Marital Status | <input type="checkbox"/> National Origin/Ancestry |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Services in the Uniformed Services or Covered Veterans | |
| <input type="checkbox"/> Other (please specify): | | |
-
-

I believe I have been sexually harassed:

- Yes No

I believe I was subjected to retaliation:

Yes

No

Date of alleged discrimination/harassment/retaliation:

Place of alleged discrimination/harassment/retaliation:

Respondent's Demographics

Name(s):

Affiliation to the College:

Department (if employed by MCC and if known):

Witness Demographics

Name(s):

Status of witness(es) if known:

Information Reported

Have you reported the incident to the police?

Yes

No

If you are a MCC employee, have you filled a grievance pursuant to Human Resources?

Yes

No

Have you filed a complaint with a government agency other than MCC's Human Resources Department regarding the incident?

Yes

No

If yes, please indicate the agency name and date the complaint was filed.

Resolution

What would you consider to be a successful or acceptable outcome/resolution to your complaint?

Please indicate any special requests:

Complaint

Please state your complaint:

Attestation

By signing this form, I hereby certify that every statement I have made in this application is true and complete to the best of my knowledge. I understand that the College prohibits students and employees from knowingly making false complaints and breaking this rule will result in disciplinary action. I understand that all College employees are mandatory reporters and cannot promise confidentiality. I understand that the Title IX Coordinator and Team attempts to balance the needs of the parties for privacy with the institutional responsibility of ensuring a safe educational environment and workplace. I understand that the College prohibits students and employees from retaliation, intimidation, threats, coercion or discrimination against any individuals for exercising that individual's rights or responsibilities. I understand that acts of retaliation constitutes a violation of the College policy and Student Code of Conduct and will result in disciplinary action. I am aware that any such acts of discrimination should be reported to the Campus Dean/Title IX Coordinator/Title IX (students) or for employees the immediate supervisor or the Director of Human Resources.

Complainant Signature:

Date:

All Title IX Complaint Forms should be emailed to the MCC Title IX email: Titleix@mohave.edu

For Office Use Only

Interview

Interview Notes:

Identifier Name, ID (e.g. Smith, 123456):

Date:

Investigation

Investigation Recommendations:

Investigator Name:

Date: