

**SEX DISCRIMINATION COMPLAINT FORM**

Name of Person filing Complaint:

Address:

Phone:

E-mail :

Student ID:                      Academic Year:

Employee ID:                      Position:

I am filing this Complaint as (please check one):

- Student     Staff         Faculty     Other (please specify)

Name of person or persons who engaged in the conduct giving rise to your Complaint and your relationship to them, if any (e.g.. classmate, teammate, supervisor, co-worker, faculty):

Date of conduct:

Location of conduct:

Please describe the conduct giving rise to your Complaint. Attach additional pages if necessary:

Witnesses:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Are you requesting that McDowell Technical Community College investigate your allegation(s) of sex discrimination under its Title IX grievance procedures?

- Yes                                       No

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**This section to be completed by Title IX Coordinator or designee**

Complaint Intake By:

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature