



**Nondiscrimination and Harassment Policy and Grievance Procedure
Title IX Complaint Form**

You should review the College's Policy on the Tacoma Community College website at <http://www.tacomacc.edu/abouttcc/policies/nondiscrimination/>

This form is designed to provide Tacoma Community College students, employees, faculty, vendors, visitors, or others with a method to report specific information related to an alleged incident(s) of discrimination, harassment (including sexual misconduct), or retaliation.

You are not required to complete the entire form in order for the complaint to be submitted. The College will use the information provided to begin an investigation, which may include contacting the complainant, respondent, and/or any potential witnesses. However, if the report does not contain specific information, the College's investigation and response may be limited.

After completing this form, please submit to the Title IX Coordinator Stephen Smith. The form may be delivered in person to the HR office in Building 14, emailed to ssmith@tacomacc.edu or faxed to 253.566.5374.

Complainant Information*:

Are you a: Student Employee Faculty Vendor Visitor Other (Please specify)

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 action. 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	Genetic Predisposition	Religion	Veteran Status	Disability

Respondent/Accused Information*:

Please identify the person against whom your complaint is made.

Name: _____ Contact Information: _____

Is this person a: Student Employee Faculty Vendor Visitor or 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 action. 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, and police report details relevant to the event. (additional pages may be attached if needed)

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

3. Have you taken any action to stop the behavior being reported in this complaint? 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?

By signing and submitting this form, I certify that the information I have provided is true and accurate to the best of my knowledge.

Name: _____ **Date:** _____

-----**To be completed by Title IX Coordinator**-----

Reviewed by Title IX Coordinator: _____ Date: _____

Action: