

# Title IX COMPLAINT FORM



**Instructions:** This report should be submitted to the College's Title IX Coordinator, Kristen Robinson, Human Resources Office (E111), who will forward it to the proper office for appropriate action. You may submit the form in person, via email at [krobinso@richland.edu](mailto:krobinso@richland.edu) or by fax 217-875-5462.

## **INFORMATION REGARDING THE COMPLAINANT (Person filling the complaint)**

Complainants Name: \_\_\_\_\_

College Status:     Student             Faculty             Staff             Not with the College

Complainants email: \_\_\_\_\_

Complainants telephone number: \_\_\_\_\_

## **INFORMATION REGARDING THE ALLEGED VICTIM (if not the complainant)**

Name of the Victim: \_\_\_\_\_

College Status:     Student             Faculty             Staff             Not with the College

Victims email: \_\_\_\_\_

Victims telephone number: \_\_\_\_\_

## **INFORMATION REGARDING THE RESPONDENT (Person(s) the complaint is about)**

Respondents Name: \_\_\_\_\_

College Status:     Student             Faculty             Staff             Not with the College

Respondents email (if known): \_\_\_\_\_

Respondent's telephone # (if known): \_\_\_\_\_

## **TYPE OF COMPLAINT (Select all that apply)**

Sex Discrimination     Sexual Assault     Sexual Harassment     Sexual Violence     Retaliation     Stalking

## **INCIDENT INFORMATION**

Date and time alleged incident occurred: \_\_\_\_\_

Location of the alleged incident:     on campus             off campus

Specific Location (Room/Address) \_\_\_\_\_

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## WITNESS INFORMATION

Please list any witnesses who may have information regarding the alleged incident, along with email address and/or phone number if known:

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EXPLANATION OF INCIDENT (Please provide as much information as possible including but not limited to: nature of the misconduct, gender of the parties, relationship between the parties, frequency of the misconduct, whether one or more of the parties were under the influence of alcohol or drugs at the time of the alleged misconduct, impact the conduct had on the complainant's well-being. Attach additional pages and relevant documents.)

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

\_\_\_\_\_  
Submitted by (print name)

\_\_\_\_\_  
Phone or email address

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Current Date