



LABI COLLEGE TITLE IX INITIAL COMPLAINT FORM

Title IX of the Education Amendments of 1972 (20 U.S.C. § 1681) is an all-encompassing federal law that prohibits discrimination based on the gender of students and employees of educational institutions which receive federal financial assistance. When the form has been completed and signed by you, and then signed by the Title IX Coordinator or a Deputy, your complaint has been properly received and noted by the University. We will provide you with a copy of this form as well as complete information about the Title IX complaint process. The Title IX Officer and/or designee investigate complaints by faculty, staff, and students who believe themselves to be harmed by sexual harassment or discrimination and harassment related to gender.

I am filing this complaint as a: check your primary role:

Faculty Staff Student Board Member Other (Please Specify): _____

Name: _____ Email: _____ Phone: _____

Date of Incident: _____ Date of Complaint: _____

Have you brought this matter to the attention of any other department(s) at the University? If so, please list the name(s) and department(s) of all other persons with whom you have discussed this matter.

Type of Complaint Check all that apply (✓)

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Bullying | <input type="checkbox"/> Cyber bullying | <input type="checkbox"/> Gender Discrimination | <input type="checkbox"/> Gender Inequity |
| <input type="checkbox"/> Sexual Harassment | <input type="checkbox"/> Sexual Assault | <input type="checkbox"/> Sexual Misconduct | <input type="checkbox"/> Stalking <input type="checkbox"/> Rape |
| <input type="checkbox"/> Retaliation | <input type="checkbox"/> Relationship Violence | | |

Please describe below and/or attach a description of your concern:

Your complaint is confidential, however as part of this or any related investigation, your information may need to be shared to carry out an investigation to help respond to and address your concern.

By signing below, you acknowledge permission for LABI to investigate this matter in attempts to provide resolution to and address your concerns.

Signature of Person Providing Complaint

Date