



Title IX Sexual Harassment Complaint Form

Title IX of the Education Amendments of 1972 is an all-encompassing federal law that prohibits discrimination based on the gender of students of educational institutions which receive federal financial assistance.

Any person may report sex discrimination, including sexual harassment, in person, by mail, by telephone, or by e-mail, using the contact information listed for the Title IX Coordinator, or by any other means that results in the Title IX Coordinator receiving the person's verbal or written report. Such a report may be made at any time, including during non-business hours, by using the telephone number or e-mail address, or by mail to the office address, listed for the Title IX Coordinator.

Complaints are filed with:

Title IX Coordinator
Dr. Deborah Baness-King
Vice President Student & Enrollment Services
708-596-2000 ext. 5816
dking@ssc.edu.

All complaints will be reviewed to determine if the allegations meet the definition of sexual harassment under Title IX. Complaints that do not meet standards set forth by Title IX may be referred for consideration under the Student Code of Conduct, the South Suburban College Discrimination and Harassment procedure, employee grievance procedure, or other processes/procedures.

Title IX defines sexual harassment to include any of three types of misconduct on the basis of sex, all of which jeopardize the equal access to education that Title IX is designed to protect:

- Any instance of quid pro quo harassment by a school's employee;
- Any unwelcome conduct that a reasonable person would find so severe, pervasive, and objectively offensive that it denies a person equal educational access;
- Any instance of sexual assault (as defined in the Clery Act), dating violence, domestic violence, or stalking as defined in the Violence Against Women Act (VAWA).

Please check the applicable boxes. I am filing this complaint as a:

- Faculty Staff Student Community Member

Please check the applicable box. I am filing this complaint as a:

- Witness Obligated Reporter Impacted Individual

Name

(Identification Number)

Department (if applicable)

Work Phone

Home or Cell Phone

Work Address

Home Address

Email Address

Complaint: Describe your complaint and the date(s) of each occurrence. Please summarize below and attach additional pages describing your complaint if necessary.

Please list the name(s), department(s) or titles(s) of all other persons with whom you have discussed this matter and state the date(s) of the discussion(s) or communication(s).

1. _____
2. _____
3. _____
4. _____
5. _____

Please list all witnesses you believe have knowledge of the events and the relationship (The relationship information requested means co-worker, supervisor, customer, student, faculty, instructor, etc.) and their contact information, if known.

1. _____
2. _____
3. _____

4. _____

5. _____

Name of person or persons you believe committed the offense against you and how you have contact with them, e.g. supervisor, co-worker, faculty, instructor, student, customer.

For retaliation complaints, please explain why you believe someone retaliated against you, and the date of each act of retaliation: _____

I certify the aforementioned is true and correct.

Signature

Date

For the Title IX Coordinator or Affirmative Action Officer

Complaint taken by:

Print Name

Signature

Date

Meets Title IX Definition: Yes No

Referred to: _____

Assigned Title IX Investigators: _____

Assignment Date: _____