



## TITLE IX GRIEVANCE FORM

You should review the Civil Rights Equity Policy on the Eastern Arizona College's (EAC) website at [www.eac.edu/TitleIX/](http://www.eac.edu/TitleIX/).

This form is designed to provide Title IX Officers with a method to gather uniform and specific information related to an alleged incident(s) of discrimination, harassment (including sexual misconduct), or retaliation. The College will use the information provided to begin an investigation, which may include contacting the complainant, respondent, and/or any potential witnesses.

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### Complainant Information\*:

Are you a:

- Student                       Faculty                       Visitor  
 Employee                       Vendor                       Other (Please specify) \_\_\_\_\_

Is the complainant a:

- Victim                       Witness                       Third-Party Complainant

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: \_\_\_\_\_

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*\* 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 investigation. For information-only reports, victims should omit all personally identifiable information to ensure confidentiality.*

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**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       Religion       Veteran Status  
 Genetic Predisposition       Disability

**Respondent/Accused Information\*:**

Please identify the person against whom your complaint is made.

Name: \_\_\_\_\_ Contact Information: \_\_\_\_\_

Is this person a:

- Student       Faculty       Visitor  
 Employee       Vendor       Other (Please specify)

Title/Department (if applicable): \_\_\_\_\_

Relationship/Association to you: \_\_\_\_\_

Name: \_\_\_\_\_ Contact Information: \_\_\_\_\_

Is this person a:

- Student       Faculty       Visitor  
 Employee       Vendor       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.*

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