

# NORTH FLORIDA COLLEGE

## TITLE IX COMPLAINT/INTAKE FORM

North Florida College (NFC) is committed to prompt resolution of complaints in a manner consistent with NFC Policy and Procedures. You do not have to use this form to receive assistance; however, this form will be used so that we can be certain that all necessary steps for a resolution have been completed. This form is to be used for reporting to the Title IX Coordinator.

Please feel free to attach additional sheets of information if you believe they are necessary. In addition, please provide any documentation in support of your claim.

PLEASE PRINT CLEARLY.

If you believe you have been sexually assaulted, harassed, or discriminated against by any member of the NFC community or while participating in a college-sponsored activity, you are encouraged to bring it to the attention of the Title IX Coordinator(s) and/or other College official.

**This form and any attachments should be submitted to the Title IX Coordinator's Office .**

<b>Title IX Coordinator</b>	<b>Deputy Title IX Coordinator</b>
Tyler Coody 325 NW Turner Davis Dr. Building 12, Room 128B Madison, FL 850-973-1639 <a href="mailto:coodyt@nfc.edu">coodyt@nfc.edu</a>	Jhan Reichert 325 NW Turner Davis Dr. Building 4, Room 102 Madison, FL 850-973-9485 <a href="mailto:reichertj@nfc.edu">reichertj@nfc.edu</a>

You may also email the form to [coodyt@nfc.edu](mailto:coodyt@nfc.edu) or [reichertj@nfc.edu](mailto:reichertj@nfc.edu) (subject line: Title IX Complaint Form).

### Complainant (Person Filing the Complaint)

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

Student: \_\_\_\_\_ Employee: \_\_\_\_\_ Both: \_\_\_\_\_

Department: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

How do you prefer to be contacted? Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Name of Respondent (Individual Complaint Is Against)**

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

Student: \_\_\_\_\_ Employee: \_\_\_\_\_ Both: \_\_\_\_\_

Department: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

**Were you discriminated against with regard to your rights in:**

Employment: \_\_\_\_\_ Education: \_\_\_\_\_ Retaliation: \_\_\_\_\_

**Were you discriminated against because of your:**

Race: \_\_\_\_\_ Color: \_\_\_\_\_ National Origin: \_\_\_\_\_

Religion: \_\_\_\_\_ Age: \_\_\_\_\_ Sex (Gender): \_\_\_\_\_

Disability: \_\_\_\_\_ Veterans Status: \_\_\_\_\_ Sex Orientation: \_\_\_\_\_

\*Sexual Misconduct: \_\_\_\_\_

***\*If you have a complaint regarding sexual misconduct, please complete the section below.***

**SEXUAL MISCONDUCT QUESTIONNAIRE**-which of the following type of sexual misconduct does your complaint fall under?

a) Sexual Assault YES NO

b) Sexual Exploitation YES NO

c) Sexual Intimidation YES NO

d) Sexual Harassment YES NO

e) Domestic Violence YES NO

f) Dating Violence YES NO

g) Stalking YES NO

Date first incident took place: \_\_\_\_\_

Date of most recent incident: \_\_\_\_\_

(Explain)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*End of sexual misconduct questionnaire*

**Do you feel that you are currently at risk to the Misconduct continuing? YES NO**

**If yes, please explain:**

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**General Harassment-** If your complaint is not categorized above, it may not be a form of discrimination or sexual misconduct. What is your concern? Please provide documentation in support of your claim if possible.

**EXPLAIN:**

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**Have you contacted anyone else for help regarding this complaint? If so please name them below:**

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

Title: \_\_\_\_\_ Date: \_\_\_\_\_

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

Title: \_\_\_\_\_ Date: \_\_\_\_\_

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

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Have you notified law enforcement officials in regards to this claim? YES NO

If so, which agency(s) and contact person? \_\_\_\_\_

What is the action status with the agency(s) involved? \_\_\_\_\_

Describe the injury or harm you suffered because of the alleged discrimination. Please attach additional sheets if you need more additional space.

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Have you received any medical attention in regards to this claim? YES NO

Have you received any counseling in regards to this claim? YES NO

**Statement of Events Provided by Complainant**

Please provide a detailed statement of the events, including dates, places, and names of witnesses. Please attach additional sheets if you need more space. Also, provide any documentation in support of your claim.

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*When considering reporting options, victims should be aware that certain personnel employed by NFC can maintain strict confidentiality, while others have mandatory reporting and response obligations. NFC personnel that are not confidential reporters and who receive a report of alleged sexual misconduct are required to share the information with appropriate administrative authorities for investigation and follow up. NFC will protect a Complainant’s confidentiality by refusing to disclose his or her information to anyone outside of NFC to the maximum extent permitted by law. As for confidentiality of information within, NFC must balance a victim’s request for confidentiality with its responsibility to provide a safe and nondiscriminatory environment.*