



Title IX Complaint Instructions

Title IX prohibits discrimination on the basis of sex in any federally funded education program or activity. The Office of Civil Rights of the Department of Education considers sexual misconduct (including sexual harassment, sexual violence, sexual assault, and intimate partner violence) to be a form of sexual discrimination and requires the college to take immediate and effective steps to respond to sexual misconduct.

The institution has adopted a “Duty to Report” policy that requires ALL EMPLOYEES (except counselors, and ordained members of the clergy acting in that capacity) to report sexual misconduct (to include sexual harassment, sexual violence, domestic/dating violence, and stalking) to the Title IX Coordinator or one of the deputy coordinators within 24 hours of being notified of the alleged incident. Reporting is required regardless of whether the discrimination involves students, faculty, staff, or visitors to the College.

Directions for the completing the form:

- Review the checklist below** to ensure you are discussing the items with any victim of sexual misconduct. The items do not need to be discussed in any particular order, but are arranged in a manner that can help you with your discussion.
 - Discuss the Duty to Report policy with victim.
 - Assess the situation for medical and police needs.
 - Advise the victim that you can protect their privacy but you cannot promise confidentiality. Let the victim know that the Title IX Coordinator may be in touch with him or her.
- Fill in the fields as requested – name, date, etc.**
 - **Complainant** – is defined as the individual who has been impacted or targeted by the sexual misconduct.
 - **Respondent** – is defined as the individual who is accused of sexual misconduct.
 - **Description of the Incident** –Refrain from judgment and describe the facts that were told to you or that you witnessed. If the complainant reveals the name of the alleged perpetrator you must include that information here.
- Submit the form to:**

Dr. Dionne Jones-Malone, Title IX Coordinator
titleix@ccsj.edu
219-473-4305
Room 101



Complaint Form

Fill out section 1, complainant/respondent information. Fill out section 2 ONLY if you are reporting anonymously. Next, complete the incident details on page 2. Submit this form to the Title IX Coordinator online, in person (Room 101) or via email titleix@ccsj.edu. If a faculty or administrator is notified of an allegation, they must refer the allegation to the Title IX Coordinator within 24 hours after becoming aware of the allegations.

Please note filing a report of sexual harassment with Calumet College of St. Joseph does not preclude filing the same with an external agency nor does it extend time limits for such filings.

Date: _____

Section 1: Complainant/Respondent Information

Report Filed By: a. Complainant Respondent Confidential
Fill out a. and b. b. Victim/Survivor Third Party Anonymous

Name: _____ E-mail Address: _____

Address: _____

Cell Phone: _____ Home Phone: _____

Preferred to be reached by: _____

Section 2: Anonymous Report Information Only to be completed if filing as an anonymous respondent. If complaint is confidential fill out the areas marked with an "*" and submit to the Title IX Coordinator.

Relationship to Victim/Survivor: _____ *Gender: M F

If CCSJ Student: Provide last four digits of student id (used to reduce double reporting) _____

Any Additional Information:

Phone: _____

Note: Faculty or Staff Members are required to provide contact information (if different than the person alleging discrimination/harassment)

Calumet College



of Saint Joseph

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Incident Details

*Incident Date: _____

*Location(s) of Incident(s): ___ On-Campus ___ Off Campus

Report is being filed against: Name _____

Description of incident/behaviors/issues that are alleged to be discriminatory or harassing (*additional pages or copies of documents/pictures, etc. may be attached, if relevant*):

I certify that the information contained in this report is true and correct to the best of my knowledge. I understand that if I am found to have knowingly misstated any material fact in this complaint I may be subject to discipline.

Print Name: _____

Date: _____

Signature: _____

Date: _____

Office use only:

Assigned case number: _____