

Crisis Center North Title IX Sexual Harassment / Discrimination Complainant Form

Instructions for Filing Form

If you wish to file a complaint because you feel you have been sexually harassed, the target of sexual violence, or discriminated against because of your gender, then please complete the CCN Complaint Form and return it immediately to CCN's Title IX Coordinator at cnncoleman@aol.org. If you have any questions on how to complete the form, please call the Title IX Coordinator, Grace Coleman, for assistance at (412) 364-6728.

1. Complainant Information

Name: _____

Phone Number: _____

Email Address: _____

Home Address: _____

Gender / Gender Identity: _____

Position / Title at CCN: _____

Supervisor: _____

2. Category of Complaint (Check all that apply)

Bullying Sexual Assault Stalking Sexual Misconduct

Retaliation Gender Discrimination Other _____

3. Respondent Information (Person you believe responsible for alleged violation)

Name: _____

Phone Number: _____

Email Address: _____

Position / Title: _____

Was incident reported to any other agencies or organizations? If yes, provide name, contact person and phone number.

Attach any additional evidence to support your description of incidents.

5. Corrective Action Sought

List the harm that you suffered (emotional, physical, career related, etc.).

What relief or corrective action(s) are you are seeking?

6. Dated Signature Affirming Complaint

“I affirm, that to the best of my knowledge, the information contained in this form is true and accurate. I understand that the filing of a complaint with CCN does not extend the time for filing a complaint with an outside agency, or a court of law.”

Signature

Date