

**CENTRAL PIEDMONT COMMUNITY COLLEGE: OFFICE OF INSTITUTIONAL EQUITY
TITLE IX INTAKE COMPLAINT FORM FOR SEXUAL MISCONDUCT COMPLAINT**

GENERAL INTAKE COMPLAINT FORM

Today's date: _____

Information Regarding the Complainant:

Name of the Complainant: _____

Complainant's Phone Number: _____

The Complainant is (please check one):
 a faculty member a student (current /former
 a staff member not affiliated with the College

Information Regarding the Victim (if he or she is not the Complainant):

Name of the victim: _____

The victim is (please check one):
 a faculty member a student (current /former
 a staff member not affiliated with the College

Information Regarding the Respondent:

Name of the Respondent: _____

The Respondent is (please check one):
 a faculty member a student (current /former
 a staff member not affiliated with the College

Information Regarding the Alleged Misconduct:

Time and date of the alleged Misconduct: _____

Location of the alleged Misconduct:

on campus: _____

off campus: _____

Witnesses or third parties who may have information regarding the alleged Misconduct:

Please provide a brief description of the alleged Misconduct:

You may wish to consider including, among other things, some or all the following information in your description: the gender of the parties, the relationship between the parties, whether one or more of the parties were under the influence of alcohol or drugs at the time of the alleged Sexual Misconduct, whether the Respondent used pressure or force (physical or otherwise) in the course of the alleged Sexual Misconduct, and the frequency (if applicable) of the alleged Sexual Misconduct.

Please feel free to use the reverse side of this form to continue your description, if desired.

Signature of the Complainant: _____
