



Discrimination, Harassment, and Sexual Misconduct Reporting Form

All complaints concerning Title VI and VII of the Civil Rights Act of 1964 and 1991, Title IX of the Education Amendments of 1972, 20 U.S.C. Section 1681 et seq. (Title IX) and its implementing regulations, 34 C.F.R. Part 106, the Rehabilitation Act of 1973, and the Americans with Disability Act of 1990, or any other Federal non-discrimination legislation should accompany this form. The reporting party should complete and submit this form.

Reporting Party (person alleging the discrimination, harassment, sexual misconduct, and/or retaliation):

Reporting party is a
Name:
Email:
Phone:
Preferred Method of Contact: <input type="checkbox"/> Email <input type="checkbox"/> Phone

Responding Party (person who is being alleged with discrimination, harassment, sexual misconduct, and/or retaliation):

The responding party is a
Name:
Email (if known):
Phone (if known):

Basis of Claim:

Please check the appropriate box or boxes: <input type="checkbox"/> Age <input type="checkbox"/> Color <input type="checkbox"/> Disability <input type="checkbox"/> Gender Identity <input type="checkbox"/> Genetic Information <input type="checkbox"/> National Origin <input type="checkbox"/> Political Affiliation <input type="checkbox"/> Pregnancy <input type="checkbox"/> Race <input type="checkbox"/> Religion <input type="checkbox"/> Sex <input type="checkbox"/> Sexual Orientation <input type="checkbox"/> Veteran Status
The responding party feel that they have experienced (check the appropriate box or boxes): <input type="checkbox"/> Discrimination <input type="checkbox"/> Harassment <input type="checkbox"/> Sexual Misconduct <input type="checkbox"/> Retaliation

Incident Information:

Date of Incident:	Location of Incident: <input type="checkbox"/> on campus <input type="checkbox"/> off campus
-------------------	--

If witness were present, please list their name and contact information.



Discrimination, Harassment, and Sexual Misconduct Reporting Form

Please give a detailed description of the incident (Attach addition document, as needed):

Recommended resolution by reporting party:

Signature of person filling out the form (optional)	Date:
---	-------

Use the buttons below to submit this form. The Print button will print this document. You can send this document and supporting document via Campus Mail or US Postal Service to Caldwell Community College and Technical Institute, Attention: Dena Holman, 2855 Hickory Blvd, Hudson, NC 28638.