



# Cisco College

## Title IX Complaint/Intake Form

101 College Heights | Cisco, TX 76437 | Office: 254-442-5022 | Fax: 254-442-5100

717 E. Industrial Blvd | Abilene, TX 79602 | Office: 325-794-4439 | Fax: 325-692-2530

Cisco College is committed to prompt resolution of complaints in a manner consistent with our policies. 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 or harassed by any member of the College community or while participating in a college sponsored activity, you are encouraged to bring it to the attention of the Title IX Coordinator and/or other College official. If you would like to initiate a criminal investigation of a sexual assault, please call the Cisco Police Department at 254-442-5034 or Abilene Police Department at 325-673-8331.

This form and any attachments can be submitted to the Title IX Coordinator's Office located in the Student Life Building (Cisco Campus) or RM 111 (Abilene Educational Center). Please allow a minimum of 24 hours for review and for Title IX eligibility determination.

You may also fax the form to 254-442-5100 or submit it via email to [lori.grubbs@cisco.edu](mailto:lori.grubbs@cisco.edu) (subject line- Complaint Form).

### **Complainant (Person Filing the Complaint)**

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

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

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

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

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

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

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

Where do you prefer to be contacted? Work \_\_\_\_\_ Home \_\_\_\_\_

Affirmative Action Statement: Every opportunity shall be afforded for admission, employment or educational services regardless of race, color, sex, religion, national origin, age or disability.

**Name of the Respondent (individual Complaint is Against)**

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

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

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

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

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

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

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: \_\_\_\_\_ Sexual Orientation: \_\_\_\_\_

\*Sexual Harassment: \_\_\_\_\_

\* If you selected sexual harassment, please fill out the section below titled Sexual Harassment Questionnaire.

**Note:** the above section can be completed by campus police, or the appropriate administrator, if complainant does not know all of the information.

Sexual Harassment Questionnaire – which of the following of two types of sexual harassment does your complaint fall under?

a. Quid Pro Quo – Latin phrase meaning “this for that.” This harassment involves threats and rewards as a condition of employment or education for failing to accept or reject someone’s advances. For example, No sex, no job.

YES \_\_\_\_\_ NO \_\_\_\_\_ OTHER \_\_\_\_\_

b. Hostile Work Environment – The person(s) being affected must perceive this behavior as abusive. The severity and pervasiveness of the behavior has the ability to create a hostile work and educational environment. Consider: frequency and severity; was the behavior physically threatening, humiliating, or were there offensive utterances.

YES \_\_\_\_\_ NO \_\_\_\_\_ OTHER \_\_\_\_\_

Date first incident took place: \_\_\_\_\_ Date of most recent incident: \_\_\_\_\_

(Explain)

---

---

---

---

---

---

---

---

End of sexual harassment questionnaire

**General Harassment** – If your complaint is not categorized above, it may not be a form of discrimination. What is your concern? Please provide any documentation in support of your claim.

Explain:

---

---

---

---

---

---

**Who have you contacted for help regarding this complaint?**

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

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

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

**Who else have you told about your complaint?**

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

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

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

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

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

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

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

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

---

---

---

---

---

---

---

---

---

---

#### **Information to Individual**

Every employee, including student workers and students, has the right to file a complaint. The individual can file their complaint with the Title IX Coordinator, located in the Student Life Building (Cisco Campus) or in Rm 111 (Abilene Educational Center), the Director of Human Resources, located in Harrell Fine Arts, or the Office of the Provost, located at the Abilene Educational Center. They also have the right to choose to file their complaint with an outside agency. Those agencies are:

EEOC- Equal Employment Opportunity Commission

TWC- Texas Workforce Commission

OCR- Office of Civil Rights

Students who are not employees may file their complaint at the office of the Title IX Coordinator, located in the Student Life Building on the Cisco Campus or Rm 111 at the Abilene Educational Center. Upon review of the submitted form and its incident/complaint, an assessment of the appropriate course of action and/or investigation will be determined.

#### **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. Please provide any documentation in support of your claim.

---

---

---

---

---

---

---

---

---

**Remedies Sought By Complainant**

Cisco College provides for a variety of remedies. However, in many instances, a respondent will express willingness to settle a charge with some compromise on both parts. Therefore, we request you list the things you believe you are entitled to in order to achieve any early resolution to your charge in the area below.

---

---

---

---

---

---

---

---

---

---

**Complaint Acknowledgement**

I certify that to the best of my knowledge the information that I have provided is accurate and the events and circumstances are as I have described them.

I understand that the nature of this complaint, correspondence, and all discussions conducted in the course of investigation of the information contained in this complaint are confidential to the extent permitted by law and unauthorized disclosures of information concerning the investigation could result in disciplinary action. I agree to abide by these guidelines.

The investigation of a formal complaint will be concluded as soon as possible after receipt of the written complaint. Upon completion of the investigation, the designee will prepare a written report of the investigation and submit said report to the proper administrator. Reports and all evidence submitted are subject to become part of the individual(s) record.

\*Upon review of the submitted form and its incident/complaint, an assessment for the appropriate course of action and/or investigation will be determined.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_