

## Sexual Harassment Complaint Form

- Check this box if you want to remain anonymous

Please check the applicable boxes. I am filing this complaint as a:

‘ 6 W X G H Q W ‘ : L W Q H V V

This completed form can be submitted via email to [studentcomplaints@clintoncollege.edu](mailto:studentcomplaints@clintoncollege.edu) or printed and submitted to the office of the Vice President of Student Success in the Fisher Bldg.

PLEASE PRINT CLEARLY

First name \_\_\_\_\_ Last name \_\_\_\_\_

Date of incident \_\_\_\_\_ Date of report \_\_\_\_\_

Location of incident \_\_\_\_\_

Contact information

On Campus Dorm \_\_\_\_\_ Room \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_



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Describe the resolution you are seeking.

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I certify the above statement is true and accurate.

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Complainant Signature

Date

Authorized Personnel Only  
Complaint taken by:

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Print Name

Signature

Date