

# TITLE IX GRIEVANCE FORM



**For complaints against a student:**

**Instructions:** Submit this form to Joy Berry, Director of Student Affairs, Student Center Room 249; via fax to (734) 477-8563, or via e-mail to [joyberry@wccnet.edu](mailto:joyberry@wccnet.edu). If faculty or staff member is made aware of an allegation in which the accused is a student, he/she must notify the Title IX Coordinator. *Filing an allegation of discrimination or harassment with the college does not preclude a complainant from filing an allegation with an external agency nor does it extend time limits for such complaints.*

**For complaints against an employee:**

**Instructions:** Submit this form to the Human Resources Department in person at Business Education Room 120; via fax to (734) 677-5415.

**Person alleging discrimination/harassment or person referring the complaint:**

<b>Name:</b>	<b>Student Number (if applicable):</b>
<b>Department:</b>	<b>Email Address:</b>
<b>Contact Address:</b>	
<b>Phone number: (Daytime)</b>	<b>(Evening):</b>
<b>WCC Status:</b>	<input type="checkbox"/> Faculty/Staff <input type="checkbox"/> Student <input type="checkbox"/> Other (please specify)

**Person who is accused of discrimination/harassment:**

<b>Name:</b>	<b>Title:</b>
<b>Department:</b>	<b>Email Address:</b>
<b>Contact Address:</b>	
<b>Phone number: (Daytime)</b>	<b>(Evening):</b>
<b>WCC Status:</b>	<input type="checkbox"/> Faculty/Staff <input type="checkbox"/> Student <input type="checkbox"/> Other (please specify)

**Describe specific act(s) alleged with name(s), date(s), time(s) and location(s) if possible. If additional space is needed, use reverse side of paper or attach additional sheets.**

**Basis of Discrimination/Harassment:**

- Race/Color  
  Age  
  Sexual Misconduct  
  Gender  
  National Origin/Creed/Ancestry  
  Disability  
 Sexual Orientation  
  Height  
  Weight  
  Religion  
  Retaliation  
  Veteran Status

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Were witnesses present for the alleged behavior?  Yes  No  
If yes, please list names and contact information:

If alleging harassment, did you take any action to stop the harassment?  Yes  No  
If yes, please summarize the action taken:

How would you like to see the situation resolved?

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