

| Proponent: Human Resources Office |
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**Title IX/Sexual Misconduct Complaint Form**

**Submission Instructions**

Should an employee or student feel his/her rights under Title IX have been violated, he/she may use this form to submit a sexual misconduct complaint to the Human Resources Office in the Thomas McLean Administration Bldg, Room 162. Complaints may also be faxed to (910) 678-0029 or emailed to HR@faytechcc.edu. Please call (910) 678-8246 if you need assistance.

***Provide ALL AVAILABLE information***

**Complainant:**

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| Name: |       | Title: |       |

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| Department:  |       | E-mail Address:  |       |

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| Office Phone:  |       | Home/Cell Phone:  |       |

| **Person against whom allegation of Title IX/sexual misconduct is being made**: |
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| --- | --- | --- | --- |
| Name: |       | Title: |       |

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| Department:  |       | E-mail Address:  |       |

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| Office Phone:  |       | Home/Cell Phone:  |       |

| **Person referring the complaint (if different than the complainant)**: |
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| --- | --- | --- | --- |
| Name: |       | Title: |       |

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| Department:  |       | E-mail Address:  |       |

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| Office Phone:  |       | Home/Cell Phone:  |       |

**Description of events/behaviors/issues that are alleged to be a Title IX violation (additional pages or copies of documents/pictures, etc. may be attached, if relevant). Be as specific as possible including the names of any witnesses, dates, times, locations of alleged events.**

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| Signature of Person Submitting This Form  | Date |