

TITLE IX GRIEVANCE FORM



For complaints against a student:

Instructions: Submit this form to Larry Aeilts, Dean/Ombudsman, Student Center Room 275; via fax to (734) 477-8563, or via e-mail to ombudsman@wccnet.edu. A form can be requested by calling (734) 973-3328. 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:

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

Person who is accused of discrimination/harassment:

Name:	Title:
Department:	Email Address:
Contact Address:	
Phone number: (Daytime)	(Evening):
WCC Status:	<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: _____