



Harassment Report Form

Please submit to the Title IX Coordinator: Clotilde Ibarra; cibarra@mcny.edu

YOUR INFORMATION

Name:

Program:

Employee or Student ID:

Phone and Email:

I am filing this complaint as a (circle one): Anonymous Student Faculty Staff

Other (please specify): _____

You may submit an anonymous report. Please understand that the College's ability to investigate and respond to anonymous information may be limited.

Type of Complaint (circle all that apply)

- Bullying
- Cyber Bullying
- Gender Discrimination
- Gender Inequity
- Sexual Harassment
- Sexual Assault
- Sexual Misconduct
- Stalking
- Rape
- Retaliation
- Relationship Violence

REPORTED INFORMATION

1. Please describe what happened, where and when it happened, and who was involved. Please attach additional pages if necessary and any relevant documents or evidence.

2. Name the person or persons you believe committed the offense against you and how you have contact with them, e.g. supervisor, co-worker, faculty.

3. Date(s) incident occurred (if you do not have exact dates, provide approximate dates):

4. Please list the name, relationship, and contact information of any witnesses or individuals who may have information related to the incidents of concern:

5. Have you previously reported this conduct? If yes, when and to whom did you provide information?

6. Describe the corrective action you are seeking.

7. For retaliation complaints, please explain why you believe someone retaliated against you.

Signature: _____ Date: _____

Thank you for reporting this information. College policy prohibits retaliation for reporting incidents of harassment.

The College will consider your information and additional information gathered through an investigation before determining whether there has been a violation of our policies. The investigation will be kept confidential to the extent possible. Please understand that the College may not respond in the way most preferred by the reporting individual.