

PASSAIC COUNTY COMMUNITY COLLEGE  
***Title IX (Sexual Misconduct) Complaint Form***

It is the policy of Passaic County Community College that sexual discrimination, sexual harassment, and sexual misconduct in any form will not be tolerated. The completion and filing of this form with the Title IX Coordinator and/or any Responsible Employee will initiate an investigation of the alleged inappropriate behavior. You do not need to use this form to file a complaint: you can send an email to the Title IX Coordinator with the information requested in this form. Filing a complaint does not preclude you from filing same with an external or law enforcement agency, nor does it extend the time limits for such filings. Completed forms must be sent to:

Jose A. Fernandez, Title IX Coordinator

Room E305, Paterson Main Campus

Email: [jfernandez@pccc.edu](mailto:jfernandez@pccc.edu) Phone: 973-684-6108

*Please access [www.pccc.edu/titleix](http://www.pccc.edu/titleix) for more information*

Name of the individual requesting an investigation: \_\_\_\_\_

Home address: \_\_\_\_\_

Email contact: \_\_\_\_\_

Telephone number: \_\_\_\_\_

I am filing this complaint within the category of (check all that apply):

Sexual Discrimination \_\_\_\_\_ Sexual Harassment \_\_\_\_\_ Gender Inequity \_\_\_\_\_

Sexual Misconduct \_\_\_\_\_ Sexual Assault \_\_\_\_\_ Rape \_\_\_\_\_ Retaliation \_\_\_\_\_

***COMPLETE Page 2 and attach additional pages if necessary***

**Page 2. Title IX (Sexual Misconduct) Complaint Form**

1. Name of person accused of offense: \_\_\_\_\_

2. Describe your complaint. Please summarize below and attach additional pages or copies of relevant documents or photographs, if applicable.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Date and time of the incident: \_\_\_\_\_

4. Location of the incident: \_\_\_\_\_

5. Name and / or description of witness or witnesses to the offense:

\_\_\_\_\_  
\_\_\_\_\_

6. Was the incident reported to law enforcement? \_\_\_\_\_

If yes, what agency? \_\_\_\_\_

7. Name of other person(s) who can provide information which has direct bearing on your complaint: \_\_\_\_\_

8. Indicate any other evidence which can substantiate your complaint:

\_\_\_\_\_

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I affirm that the information I have supplied on this form is true.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_