



## ***Title IX Formal Complaint Form***

This form should be completed if you would like to file a formal complaint regarding an incident of **dating violence, domestic violence, gender-based harassment, retaliation, sex discrimination, sexual assault, sexual harassment, or stalking**.

If you have any problems or questions, contact the appropriate Title IX coordinator or deputy Title IX Coordinator listed below.

<b><u>Title IX Coordinator for Employees</u></b>	<b><u>Deputy Title IX Coordinator for Employees</u></b>	<b><u>Title IX Coordinator for Students</u></b>	<b><u>Deputy Title IX Coordinator for Students</u></b>
Floyd Nickerson Chief Employee Success Officer Phone: 972.599.3159 Email: <a href="mailto:fnickerson@collin.edu">fnickerson@collin.edu</a>	Tonya Jacobson Manager, Employee Relations Phone: 972.758.3856 Email: <a href="mailto:tjacobson@collin.edu">tjacobson@collin.edu</a>	Terrence Brennan District Dean of Students Phone: 972.881.5604 Email: <a href="mailto:tbrennan@collin.edu">tbrennan@collin.edu</a>	Amy Throop Associate Dean of Students Phone: 972.553.1165 Email: <a href="mailto:athroop@collin.edu">athroop@collin.edu</a>

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### **Reporter's Information**

First Name of Person Completing Form (or Type "Anonymous"):

Last Name of Person Completing Form (or Type "Anonymous"):

Address of Person Completing Form:

City:

State:

Zip Code:

Phone Number of Person Completing Form:

Collin College Email of Person Completing Form:

Personal Email of Person Completing Form:

**Incident Information**

Date Incident Occurred:

Location of Incident:

\*If "Other" is Selected, List the Exact Location(s):

**Individuals Involved**

First Name: Last Name: CWID:

Individual is a: Individual is a Current Collin College:

First Name: Last Name: CWID:

Individual is a: Individual is a Current Collin College:

First Name: Last Name: CWID:

Individual is a: Individual is a Current Collin College:

First Name: Last Name: CWID:

Individual is a: Individual is a Current Collin College:

First Name: Last Name: CWID:

Individual is a: Individual is a Current Collin College:

First Name: Last Name: CWID:

Individual is a: Individual is a Current Collin College:

**Allegation(s)**

Did the Alleged Incident Occur While Participating in or Attempting to Participate in Collin College’s Education Program or Activity?      Yes      No

Did the Alleged Incident Occur in the United States?      Yes      No

**Description of Incident**

Include information such as the date, time, specific location (e.g., Frisco Campus F-109, Plano Campus Atrium, etc.), and what occurred.

**By signing below, I hereby affirm that I am submitting a formal complaint of prohibited conduct as defined by federal *Title IX* regulations, and the information above is true and correct to the best of my knowledge.**

Actual or Digital Signature:

Date: