



## Sexual Harassment Complaint Form

Check this box if you want to remain anonymous

Please check the applicable boxes. I am filing this complaint as a:

Student  Witness

This completed form can be submitted via email to [studentcomplaints@clintoncollege.edu](mailto:studentcomplaints@clintoncollege.edu) or printed and submitted to the office of the Vice President of Student Success in the Fisher Bldg.

PLEASE PRINT CLEARLY

**First name** \_\_\_\_\_ **Last name** \_\_\_\_\_

**Date of incident** \_\_\_\_\_ **Date of report** \_\_\_\_\_

**Location of incident** \_\_\_\_\_

### Contact information

**On Campus:** Dorm \_\_\_\_\_ Room \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

email (Clinton College) \_\_\_\_\_

Have you attempted to resolve this matter? Yes  No

If yes, please list the name(s), department(s), or titles(s) of all other persons with whom you have discussed this matter and state the date(s) of the communication(s).

1. \_\_\_\_\_



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Describe the resolution you are seeking.

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I certify the above statement is true and accurate.

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Complainant Signature

Date

**Authorized Personnel Only**

Complaint taken by:

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Print Name

Signature

Date