TITLE IX GRIEVANCE FORM



For complaints against a student:				
via e-mail to tjohnson29@w student, he/she must notify t	vccnet.edu. If faculty the Title IX Coordin	y or staff member is ator. <i>Filing an alle</i>	ts, Student Center Room 275; via fax to (734) 477-8563, or a made aware of an allegation in which the accused is a gation of discrimination or harassment with the college external agency nor does it extend time limits for such	
For complaints against an	employee:			
Instructions: Submit this for (734) 677-5415.	orm to the Human R	esources Departme	nt in person at Business Education Room 120; via fax to	
Person alleging discrimina	tion/harassment or	person referring	the complaint:	
Name:			Student Number (if applicable):	
Department:			Email Address:	
Contact Address:				
Phone number: (Daytime)			(Evening):	
WCC Status:	☐ Faculty/Staff	Student	Other (please specify)	
Person who is accused of d	iscrimination/hara	ssment:		
Name:			Title:	
Department:			Email Address:	
Contact Address:				
Phone number: (Daytime)			(Evening):	
WCC Status:	☐ Faculty/Staff	Student	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/Ha				
☐ Race/Color ☐ Age ☐ Sexual Misconduct ☐ Gender ☐ National Origin/Creed/Ancestry ☐ Disability				
Sexual Or	ientation	ht Weight	Religion Retaliation Veteran Status	

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Were witnesses present for the alleged behavior? If yes, please list names and contact information:	Yes No
If alleging harassment, did you take any action to stop If yes, please summarize the action taken:	o the harassment? Yes No
How would you like to see the situation resolved?	
v	
gnature:	Date: