

Sexual Misconduct/Discrimination Complaint Form

Washington College is committed to providing a safe learning environment that supports the dignity of all members of the College and its community. Washington College does not discriminate on the basis of sex or gender identity in any of its education or employment programs and activities in compliance with Title IX of the Education Amendments Act of 1972. Completing this form is a method of reporting any alleged conduct directed against a student or employee that may be a violation of Title IX and/or Washington College's Sexual Harassment Policy. Title IX and the Sexual Harassment Policy also prohibit retaliation for reporting sexual misconduct or participating in an investigation of sexual misconduct. For more information on Washington College's Non Discrimination Policy, Title IX options, available supportive measures, and sexual misconduct procedures, please contact our office at (410) 810-5794 or visit our website at <https://www.washcoll.edu/title-ix/index.php>

ANONYMOUS REPORTING: If you would like to remain anonymous, please leave off name. Please note that reporting anonymously may limit the College's ability to thoroughly respond to the incident and to address the reported behavior. Mandatory reporters/responsible employees referring a student upon a disclosure may not report anonymously.

CONFIDENTIALITY: Legal and regulatory obligations may require the College to take some action once it is informed that sexual misconduct may be occurring. Although the confidentiality of the information received and the privacy of individuals involved cannot be guaranteed, confidentiality and privacy will be protected to as great an extent as is possible. The expressed wishes of the complainant regarding confidentiality will be considered in the context of the College's legal obligation to act upon the charge and the right of the charged party to be informed concerning the charge. Honoring the request may limit the ability to fully respond to the incident and may limit the ability to discipline the respondent.

Complainant's name:

Phone number:

Email address:

Nature of this report (check all that apply):

- | | | |
|---|--|--|
| <input type="checkbox"/> Sexual Harassment | <input type="checkbox"/> Sexual Assault | <input type="checkbox"/> Harassment/Discrimination |
| <input type="checkbox"/> Employment Discrimination/Harassment | <input type="checkbox"/> Section 504/ADA Related | |
| <input type="checkbox"/> Dating Violence | <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Stalking |
| | | <input type="checkbox"/> Other |

Respondent's (Accused) Name:

Phone and/or Email (if known):

Date of Alleged Violation(s):

Location of incident (check all that apply):

Off campus

Online

Residence Hall on campus

Other location on campus

Specific location:

Description of Incident(s):

Witness(es) to Incident: (include name, phone, email if possible):

Please include any other information and/or evidence that can be helpful if it is decided an investigation needs to take place:

Do not sign until an intake and consultation has taken place with the Title IX Coordinator

Complainant Signature:

Date:

To be filed with:

Title IX Coordinator Susan Golinski, (410) 810-5794, sgolinski2@washcoll.edu

Lower level of Cullen Hall (within Public Safety Office)

If the Title IX Coordinator is not available, or there is a potential conflict of interest with the Title IX Coordinator:

Assistant Title IX Coordinator Kari Hughes, khughes2@washcoll.edu

Assistant Title IX Coordinator Carolyn Burton, cburton2@washcoll.edu

Title IX Coordinator's Signature (after intake):

Date: