

ROANOKE-CHOWAN COMMUNITY COLLEGE

SEXUAL MISCONDUCT COMPLAINT FORM

Today's date: _____

Information Regarding the Complainant:

Name of the Complainant: _____

Complainant's Phone Number: _____

The Complainant is (please check one):
 a faculty member a student
 a staff member not affiliated with the College
For faculty, staff, & students, indicates whether current or former

Information Regarding the Respondent:

Name of the Respondent: _____

The Respondent is (please check one):
 a faculty member a student
 a staff member not affiliated with the College
For faculty, staff, & students, indicates whether current or former

Information Regarding the Alleged Sexual Misconduct:

Time and date of the alleged Sexual Misconduct: _____

Location of the alleged Sexual Misconduct:
 On campus: _____
 off campus: _____

Witnesses or third parties who may have information regarding the alleged Sexual Misconduct:

Please provide a brief description of the alleged Sexual Misconduct:

You may wish to consider including, among other things, some or all the following information in your description: the gender of the parties, the relationship between the parties, whether one or more of the parties were under the influence of alcohol or drugs at the time of the alleged Sexual Misconduct, whether the Respondent used pressure or force (physical or otherwise) in the course of the alleged Sexual Misconduct, and the frequency (if applicable) of the alleged Sexual Misconduct.

Please feel free to use the reverse side of this form or separate pages to continue your description, if desired.

Signature of the Complainant: _____

Date: _____