

Title IX Discrimination Complaint Form

CONTACT: Regina McCord-Fithian Title IX Coordinator 1002 N. First Street Bldg WAB-1 Vincennes, IN 47591 812.888.6947

To file a complaint with the university, please complete and mail, email, or bring this form to the office listed above. Or, you may call the number above to make arrangements to meet with the Title IX Coordinator. If you are unable for any reason to complete this form and would like to make a verbal complaint, please call the contact listed above.

The university will use its best efforts to keep a complaint of discrimination confidential; however, the university has an obligation to investigate the complaint and during the course of the investigation may disseminate information concerning the complaint to those who have a need to know.

Please contact the Title IX Coordinator if you have any questions regarding the process for filing or investigating complaints of discrimination.

A victim of discrimination or harassment is encouraged to use the university's internal complaint process. Persons believing they have been discriminated against or harassed may seek assistance from government agencies including the Department of Labor, Department of Education, or Office of Civil Rights.

Title IX Discrimination Complaint Form

Title IX of the Educational Amendments of 1972 prohibits discrimination in education on the basis of sex. For a full definition, please review the university's published Title IX policies and procedures.

Vincennes University Affiliation (please of FACULTY	check) IF OTHER, PLEAS	SE EXPLAIN:
□ STAFF		
□ STUDENT □ EMPLOYMENT APPLICANT		
□ OTHER		
Complainant		
LAST NAME	FIRST NAME	M.I.
ADDRESS		
TELEPHONE	EMAIL ADDRESS	
Nature of Complaint (please check)		
□ SEXUAL ORIENTATION	IF OTHER, PLEAS	SE EXPLAIN:
☐ GENDER/SEX		
☐ SEXUAL HARASSMENT/VIOLENCE		
Darson Voy Allege Discriminated Against	t Voy	
	t You:	DEPARTMENT
Person You Allege Discriminated Against	TITLE person discriminated/ retaliated a ker, faculty, etc. Give date(s), tim	gainst you. Explain why you have
Person You Allege Discriminated Against NAME Description of Complaint: Describe your complaint and why you believe this p contact with this individual, e.g. supervisor, co-work	TITLE person discriminated/ retaliated a ker, faculty, etc. Give date(s), tim	gainst you. Explain why you have
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	sons with whom you have discussed this matter.	? If so, please list the name
Complaint Documentation Explain any documentation support	: orting your complaint and, if possible, provide it to the T	itle IX Coordinator with t
form.		
Corrective Action Sought:		
Corrective Action Sought: Describe the corrective action you	are seeking.	
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Describe the corrective action you Witnesses:		
Witnesses: (Relationship=co-worker, supervi	sor, classmate, faculty, etc.)	
Describe the corrective action you Witnesses:		TELEPHONE
Witnesses: (Relationship=co-worker, supervi	sor, classmate, faculty, etc.)	TELEPHONE
Witnesses: (Relationship=co-worker, supervi	sor, classmate, faculty, etc.) TITLE/RELATIONSHIP	
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