PCC Sexual Harassment and Discrimination Incident Report

Please complete this form if you wish to report possible discrimination/harassment violation.

Person Reporting Incident (Please Circle) Complainant or Bystander or Accused

Name: _____
Phone Number: _____
Email Address: _____
Date of Incident: _____
***Complainant or Bystanders. Please provide the accused name and contact information if known**
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Please describe the incident(s) at issue. Be as specific about what happened as possible, including information about the people involved.

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I understand that this information will be used to conduct an investigation. I have been provided documentation of my rights as a complainant, accused, or bystander. I understand that the College will make every effort to protect the privacy of all involved, but the information you provide in completing this form is not confidential and may be shared as necessary for the College to take appropriate action.

Date: _____

Signature: _____

Completed forms should be submitted to any one of our Title IX Compliance Officer's or Deputy Title IX Coordinator's.