

TITLE IX COMPLAINT/INTAKE FORM

This form can be completed for purposes of filing a complaint of sexual misconduct under Title IX. Although we cannot guarantee complete confidentiality, Riverside Community College District will take steps to keep an environment that is free from sex discrimination.

COMPLAINANT'S INFORMATION

Name: _____ ☐ Student ☐ Employee ☐ Other: _____
Phone #: _____ Email: _____

RESPONDENT'S INFORMATION

Name: _____ ☐ Student ☐ Employee ☐ Other: _____
Phone #: _____ Email: _____

TELL US MORE ABOUT THE INCIDENT:

Where did it take place? _____

When did the incident occur? _____ What time? _____

Describe the incident in as much detail as possible: _____

Are there any witnesses to the incident or anyone you have told about the incident? If so, please provide names. _____

Was the incident reported to College Safety & Police or any other law enforcement agency?
☐ Yes ☐ No ☐ Unknown If other law enforcement agency, which one: _____

Form Completed by (name): _____ Date: _____

Phone #: _____ Email: _____

I am the: ☐ Complainant ☐ Reporter ☐ Witness ☐ Other: _____

Please use a separate sheet if more space is needed.

You may submit this form to a Title IX Coordinator.

| Title IX Coordinators | | |
|------------------------|---------------------|---|
| Location | Name | Contact Information |
| District Offices | Lorraine Jones | Lorraine.jones@rccd.edu 951-328-3874 |
| District Offices | Georgina Villaseñor | Georgina.villasenor@rccd.edu 951-328-3725 |
| RCC & District Offices | Martha Arellano | Martha.arellano@rccd.edu DO: 951-222-8591/RCC: 951-328-3703 |
| NC & District Offices | Susan Boling | Susan.boling@rccd.edu DO: 951-222-8356/NC: 951-739-7801 |
| MVC & District Offices | Silvester Julianne | Silvester.julienne@rccd.edu DO: 951-222-8593/MVC: 951-571-6279 |