

TITLE IX INCIDENT REPORT FORM

(Please Print or Type)

In accordance with Title IX enforcement, Chesapeake College provides a procedure for its credit and noncredit College students for filing a complaint against: other Chesapeake College students; Chesapeake College employees; or a third party associated with the College (such as campus vendors and their employees or campus visitors). This form should be used to report Title IX issues raised by students.

Date: Incidents must be reported within 48 hours

Please complete and forward to: Deputy Title IX Coordinator

Judy Gordon

Accessibility & Student Compliance Coordinator LRC-113, Learning Resource Center, Wye Mills Campus

Phone: (410) 410-827-5805 Email: <u>jgordon@chesapeake.edu</u>

Or the Title IX Coordinator

Susan Cianchetta, Director of Human Resources D-249, Dorchester Building, Wye Mills Campus

Phone: (410) 827-5811 Email: scianchetta@chesapeake.edu

| From | Name | | Title | | |
|-------------------------|---|--|----------|-----------|--|
| | Department | | Division | | |
| Student Information | Student Name | | | ID Number | |
| | Home Address | | | | |
| | Telephone Number | Academic Status of Student (Term/Year) | | | |
| sed ty | Accused Party's Name (if known) | | | | |
| Accused Party | Accused Party's Information | | | | |
| Incident Information | Describe Incident (Please be as specific as possible, identify date, any witnesses, detailed description of factual events (sexual harassment, sexual violence, discrimination, retaliation) leading to complaint and the specific harm resulting from event/events. (Attach additional sheets as needed.) | | | | |
| Relevant Information | Describe and attach any relevant documentation. | | | | |



TITLE IX INCIDENT REPORT FORM

| / \ | (Please Print or Type) |
|----------------|---|
| | (Please Print or Type) Describe steps taken to address student's concerns. (Attach additional sheets as needed.) |
| | , |
| Action Taken | |
| a k | |
| <u> </u> | |
| ou | |
| l 🛱 | |
| ¥ | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |