

Sexual Violence Complaint Form

This form is intended for use by students, employees, faculty, vendors, visitors or other concerned parties to informally or anonymously report specific information related to incident(s) of sexual misconduct, dating/relationship violence and/or stalking.

For the victim/survivor reporting, it is your choice whether to remain anonymous, please know doing so may limit the college's ability to address the matter and assist you. We strongly encourage you to access available resources, such as Community Violence Intervention Center, Grand Forks, ND 701-746-0405; Violence Intervention Project, Thief River Falls, MN 218-681-5557; Sanford Clinic, East Grand Forks, MN 218-773-6800; Sanford Clinic/Hospital, Thief River Falls, MN 218-681-4240; National Sexual Assault Hotline (800-656-4673), and the National Domestic Violence Hotline (800-799-7233).

If you wish to identify yourself, please fill in the information listed below. If the person completing this form is the victim/survivor, you may choose to identify yourself or not. If you are a third party who is not the victim, please indicate the name of the victim and contact information below.

Date Filed:

Date of Alleged Incident:

A. Name:

B. Check One:

Student

Employee

Other:

C. Contact Information:

Phone:

Email:

Home Address:

Campus Address:

D. Contact Information of Victim if Not Self-reporting:

Phone:

Email:

Home Address:

Campus Address:

E. NAME OF INDIVIDUAL(S) you believe engaged in violence toward you:

F. LIST ANY WITNESSES:

G. LIST ANY OTHERS WITH KNOWLEDGE OF THE INCIDENT(S):

H. DESCRIPTION OF COMPLAINT

Please list the sequence of events, including dates, if possible, along with any relevant facts, statements and/or evidence currently known to you.

Return form to Becky Lindseth, Title IX Officer at **becky.lindseth@northlandcollege.edu**

or mail to:

Becky Lindseth, Title IX Officer
Northland Community and Technical College
1101 HWY 1 E,
Thief River Falls, MN 56701