

**Chowan University**  
**TITLE IX DISCRIMINATION COMPLAINT FORM**

<b>CONTACT:</b>  Dr. John Dilustro Title IX Coordinator Columns Building 3rd Floor titleix@chowan.edu 252-398-6528	Do not use this form to report events presenting an immediate threat. If you require emergency assistance, please contact Public Safety at 252-398-1234 or call 911. This form is designed to provide Chowan University students, faculty, staff, and visitors with a method to report specific information related to an alleged incident(s) of sex discrimination, sexual harassment, gender-based harassment, sexual violence (assault), sexual exploitation, relationship violence or sex/gender-based stalking. Please complete this form to the best of your ability. You may submit this form by email, mail, or bring it to the office listed to the left. If you are unable for any reason to complete this form and would like to make a verbal complaint, please call the Title IX Coordinator. Upon receiving a call, the Title IX Coordinator will be in touch. The Title IX Coordinator will honor requests for confidentiality to the extent possible, consistent with the University's obligation to provide a safe and nondiscriminatory environment for all. Please contact the Title IX Coordinator if you have any questions regarding the process for the filing or investigation of complaints and/or visit the University's Title IX page at <a href="https://www.chowan.edu/campus-life/public-safety/title-ix">https://www.chowan.edu/campus-life/public-safety/title-ix</a> .
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**Date:**

If you do not wish to identify yourself as the reporter, you may leave this field blank.	University ID# (if applicable):
Reporter's Name:	Reporter's Phone#
Reporter's Email:	Reporter's Phone#
Reporter's Signature	Reporter's Phone#

**DESCRIPTION OF CONCERN:** Describe your concern and the instances you believe constitute a violation of the University's Title IX Policy. If possible, provide date(s), time(s), and place(s) where the alleged violation(s) took place. If you have emails or texts that are related to this concern you may attach them or send them to the Title IX Coordinator.

**IDENTITY OF THE ACCUSED:** If possible, please provide information identifying the individual(s) who engaged in discrimination or sexual misconduct. Include relationship (co-worker, supervisor, classmate, faculty, staff, etc.).

**What do you hope will be the outcome of this report?**

**Appendix A**