

**Title IX Complaint Form**

**Return this form to:**  
**Dr. Alley, TIX Coordinator**  
**Phone: 660-359-3948, ext 1400**

In Person  
NCMC Campus  
Office 12, Alexander

Via Mail  
1204 Main Street  
Trenton, MO 64683

Via email  
kalley@mail.ncmissouri.edu  
660-359-3948 x1400

**General Information**

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Date of Report: \_\_\_\_\_

Complainant Name: \_\_\_\_\_

Contact Information: \_\_\_\_\_

*(You may report the incident anonymously if you choose and are not required to provide any information which could expose your identity.)*

Reported by: \_\_\_\_\_

Does the survivor want to file a formal complaint with NCMC at this time?      Yes      No      Unknown

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**Incident Information**

What kind of incident are you reporting?  
(check all that apply)

- Sex Discrimination
- Sexual Harassment
- Sexual Violence
- Other: \_\_\_\_\_

How would you describe your relation to the College?:

- Student
- Faculty/Staff
- Visitor
- Other: \_\_\_\_\_

Is the incident ongoing?: Yes / No

Date/Time of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Name(s) of other person(s) involved and/or any witnesses:

\_\_\_\_\_  
\_\_\_\_\_

Brief description of the incident(s). You may attach additional information if necessary:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reported by: \_\_\_\_\_ Date: \_\_\_\_\_

Complainant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title IX Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

The following have been offered:

\_\_\_Copies of: Rights and Options, Resources, Title IX Policy

\_\_\_Medical follow-up \_\_\_Involvement of law enforcement \_\_\_Consent to investigate

Confidentiality    Forms of support; interim measures