



The Robert Mouawad Campus
5345 Armada Drive, Carlsbad, CA 92008
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Title IX Formal Complaint Form

This form may be completed by any member of the GIA community who has experienced or otherwise becomes aware of an incident that may constitute a violation of the Title IX Non-Discrimination Grievance Policy and Process. Please complete the form to the best of your ability.

Today's Date: _____

Name: _____ **Student ID (if applicable):** _____

Phone Number: _____ **E-mail:** _____

Preferred Method of Contact: Phone E-mail Text Message Other: _____

GIA Affiliation: Student Alumni Faculty Staff Guest Other _____

Incident Date: _____

Incident Time: _____

Incident Location:

- Campus Building
- Campus Outdoors
- Off Campus
- GIA Sponsored Event

Type of Incident:

- Discrimination
- Harassment
- Violence
- Retaliation

Protected Class(es) Basis for Report:

- Sex
- Gender
- Gender Identity
- Gender Expression
- Sexual Orientation
- Pregnancy/Parenting
- Race
- Color
- Religion
- Veteran Status
- Disability
- Age
- Genetic Information
- Marital Status
- National Origin

Specific Location: _____

Respondent: _____

Student ID (if applicable): _____

GIA Affiliation: Student Alumni Faculty Staff Guest Other _____

Phone Number: _____

E-mail: _____

Witness 1: _____

Student ID (if applicable): _____

GIA Affiliation: Student Alumni Faculty Staff Guest Other _____

Phone Number: _____

E-mail: _____

Witness 2: _____

Student ID (if applicable): _____

GIA Affiliation: Student Alumni Faculty Staff Guest Other _____

Phone Number: _____

E-mail: _____

Witness 3: _____

Student ID (if applicable): _____

GIA Affiliation: Student Alumni Faculty Staff Guest Other _____

Phone Number: _____

E-mail: _____

Incident Narrative (this can be brief; a full statement will be taken by the investigator):

Supportive Measures Requested:

- | | | | |
|---|--|---|---------------------------------------|
| <input type="checkbox"/> No Contact Order | <input type="checkbox"/> Facility Access Plan | <input type="checkbox"/> Academic Withdrawal/LOA | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Faculty Notification | <input type="checkbox"/> Campus Security Escort | <input type="checkbox"/> Academic Withdrawal (full) | _____ |
| <input type="checkbox"/> On-Campus Counseling | <input type="checkbox"/> On-Campus Medical Care | <input type="checkbox"/> Legal Support Information | _____ |
| <input type="checkbox"/> Off-Campus Counseling | <input type="checkbox"/> Off-Campus Medical Care | <input type="checkbox"/> Visa/Immigration Information | _____ |
| <input type="checkbox"/> Work Schedule Adjustment | <input type="checkbox"/> Victim Advocate Outreach | | |
| <input type="checkbox"/> Academic Adjustment | <input type="checkbox"/> Assistance Reporting to Law Enforcement | | |
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Accommodations:

- I request an interpreter Language: _____
- I request accommodation(s) for a qualified disability I do not request accommodation(s) for a qualified disability
-

Resolution Requested: No Action Informal Resolution Formal Resolution (Investigation and Hearing)

Signature: _____ **Date:** _____

Received By: _____ **Date:** _____