## Sexual Violence Complaint Form Fond du Lac Tribal and Community College

This form is intended for use by employees, faculty, students, 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 the Safe Haven Shelter for Battered Women of Duluth (877) 880-3094; WINDOW Victims Services of Carlton, Kanabec, and Pine Counties (800) 644-0003; Minnesota Domestic Violence Crisis Line (866) 223-1111; National Domestic Violence Hotline (800) 799-SAFE (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:	
Name of Victin	n:			
Check one:	Student	Employee	Other	
Victim Conta	ct Informatior	1:		
Phone Numbe	er		Email	
Home Addres	S			
Campus Addro	ess, if applicable			
Third Party C	ontact Inform	ation (if applica	ble):	
Phone Numbe	er		Email	
Home Addres	S			

Campus Address, if applicable

Name(s) of Individual(s) you believe engaged in violence towards you:

List any Witnesses:

List any Others with Knowledge of the Incident:

**Description of Complaint/Incident:** 

List the sequence of events, including dates if possible, as well as any relevant facts, statements, and/or evidence currently known to you.

Return to the Human Resources Director at <u>mhaggy@fdltcc.edu</u>, fax (218) 879-0728 or:

Human Resources - CONFIDENTIAL FDLTCC 2101 14<sup>th</sup> St Cloquet, MN 55720