

COMPLAINT FORM

Name of Complainant: _____ ID or A # _____

Street Address: _____

City and State: _____ ZIP Code: _____

Phone: _____ Email: _____

Status: ___ Student ___ Employee ___ Other (*Please specify*) _____

Name of the person(s) you are filing the complaint against:

Complaint Summary: (*Please use **additional sheets** to provide specific details*)

Date(s) of Incident(s): _____

Location(s) of Incident(s): _____

Summary of Complaint:

Please check one:

I understand that this is a formal complaint form that will initiate an investigation into my allegations. It is a confidential process based on need to know.

I do not want a formal investigation into my allegations and want the incident kept as a private, confidential matter.

(Signature Required)

(Date)

Rowan College of South Jersey reserves the right to proceed with an investigation without a formal complaint if it deems necessary. This decision will be made on a case-by-case basis.

List the names of all known or potential witnesses. Please provide contact information for non-College employees and students if you can.

How would you like to see this situation resolved?

Have you informed any other college employee in another department about your complaint? If yes, please identify the individual(s).

**Return this form to
Gloucester Campus:**

**Almarie J. Jones, *ajones@rcsj.edu*
Vice President, Chief Diversity Officer
Diversity and Equity/Title IX and Compliance
Academy of Student Enrichment (ASE)
College Center, Room 116, 856-415-2154**

Cumberland Campus:

**Nathaniel Alridge, Jr., J.D., *nalridge@cc.rcsj.edu*
Executive Director
Threat Assessment Management
Diversity, Title IX and Judicial Affairs
Academic Building, 2nd floor, 856-691-8600, ext.1414**

For Use by the Title IX Officer Only

Type of Complaint

Bullying/Intimidation Discrimination Harassment Retaliation
 Sexual Misconduct Stalking

Basis of the Complaint of Bias/Discrimination

Accompanied by a Service Dog Age AIDS/HIV
 Atypical heredity cellular or blood trait Citizenship status Disability (*past or present physical or mental*)
 Gender Identity Genetic Information Marital Status (*includes civil union or domestic partnership*)
 Military Service National Origin Race/Color Religion
 Sex (*including pregnancy, childbirth and related medical conditions*)
 Sexual Orientation (*includes affectional orientation and perceived sexual orientation*) Unemployed status
 Other: (*Please specify*) _____

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