

## 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.

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How would you like to see this situation resolved?

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

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**Return this form to  
Gloucester Campus:**  
Almarie J. Jones, *ajones@rcsj.edu*  
Vice President, Chief Compliance Officer  
Senior/Title IX Officer  
College Center, Room 116, 856-415-2154

**Cumberland Campus:**  
Nathaniel Alridge, Jr., J.D., *nalridge@rcsj.edu*  
Executive Director  
Threat Assessment Management  
Compliance, Title IX and Judicial Affairs  
Academic Building, 2<sup>nd</sup> floor, 856-498-9948

**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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