

TITLE IX COMPLAINT/INTAKE FORM

This form can be completed for purposes of filing a complaint of sexual misconduct under Title IX. Although we cannot guarantee complete confidentiality, Riverside Community College District will take steps to keep an environment that is free from sex discrimination.

COMPLAINANT'S INFORMATION

Name: _____ Student Employee Other: _____
 Phone #: _____ Email: _____

RESPONDENT'S INFORMATION

Name: _____ Student Employee Other: _____
 Phone #: _____ Email: _____

TELL US MORE ABOUT THE INCIDENT:

Where did it take place? _____

When did the incident occur? _____ What time? _____

Describe the incident in as much detail as possible: _____

Are there any witnesses to the incident or anyone you have told about the incident? If so, please provide names. _____

Was the incident reported to College Safety & Police or any other law enforcement agency?
 Yes No Unknown If other law enforcement agency, which one: _____

Form Completed by (name): _____ Date: _____
 Phone #: _____ Email: _____

I am the: Complainant Reporter Witness Other: _____

Please use a separate sheet if more space is needed.

You may submit this form to a Title IX Coordinator.

Title IX Coordinators		
Location	Name	Contact Information
District Offices	Lorraine Jones	Lorraine.jones@rccd.edu 951-328-3874
District Offices	Georgina Villaseñor	Georgina.villasenor@rccd.edu 951-328-3725
RCC & District Offices	Martha Arellano	Martha.arellano@rccd.edu DO: 951-222-8591/RCC: 951-328-3703
NC & District Offices	Susan Boling	Susan.boling@rccd.edu DO: 951-222-8356/NC: 951-739-7801
MVC & District Offices	Silvester Julienne	Silvester.julienne@rccd.edu DO: 951-222-8593/MVC: 951-571-6279