

Prohibited Discrimination, Unlawful Harassment, and Sexual Misconduct (Title IX & VI)

Incident Reporting Form

Personal Information

1) Last Name: _____ First Name: _____ MI: _____
Street Address: _____ Apt/Unit# _____ City: _____
State: _____ Zip Code: _____ Cell Phone #: _____ Secondary Phone #: _____
Email: _____ Date of Birth: _____ Sex/Gender: _____

2) **Status:** *Check Appropriate Box*

I am a(n):

Faculty Member Classified Staff Member Unclassified Staff Member Student Worker
 Student-ID#: _____ Applicant Other: _____
Class Name/Section #: _____ Position applied for: _____
 Fall Winter Spring Summer Date applied: _____
Currently Enrolled: Yes No Date notified of non-selection: _____
Course Completed: Yes No
Withdrew/Dropped: _____

3) **Identify each person or institution who you allege discriminated against you:**

Name: _____	Name: _____
Position: _____	Position: _____
Department/Office: _____	Department/Office: _____
College: _____	College: _____
Phone #: _____ Email: _____	Phone #: _____ Email: _____

4) First date of alleged discrimination: _____
Date of most recent alleged discrimination: _____

Complaints alleging discrimination in employment and/or Sexual Misconduct must be filed within 180 days of the date of the most recent alleged unlawful discrimination. All other complaints must be filed within one year of the date of the most recent alleged unlawful discrimination.

Discrimination Categories

I have experienced discrimination based on/in the form of: *Check Applicable Box(es)*

- Mental Disability Physical Disability Medical Condition (Incl. cancer & related conditions/genetic characteristics)
- Sex/Gender Gender Identity Gender Expression Pregnancy/childbirth/breastfeeding/related medical condition
- Sexual Misconduct Sexual Harassment Sexual Assault Dating Violence Intimate Partner Violence Stalking
- Sexual Orientation Religion (Incl. religious dress/grooming practices/religious observances) Age (40 and older)
- Race Color National Origin Ethnic Group Identification Ancestry Retaliation Accommodations
- Perceived to be in protected category or associated with a member of a protected class Other: _____

Details

Explain how you believe you were discriminated against. **Provide specifics**, including who/what/when/where/how.

**Attach additional sheets if needed*

Attach related documents in your possession and any other information pertinent to your complaint.

What remedial action/s do you propose?

Witnesses

Provide contact information for any person having direct knowledge regarding your allegation(s).

Person 1: Last Name: _____ First Name: _____

Street Address: _____ Apt/Unit# _____ City: _____ State: _____ Zip Code: _____

Cell Phone #: _____ Home/Office #: _____ Email: _____

What information will this person provide regarding your claim?

Person 2: Last Name: _____ First Name: _____

Street Address: _____ Apt/Unit# _____ City: _____ State: _____ Zip Code: _____

Cell Phone #: _____ Home/Office #: _____ Email: _____

What information will this person provide regarding your claim?

Person 3: Last Name: _____ First Name: _____

Street Address: _____ Apt/Unit# _____ City: _____ State: _____ Zip Code: _____

Cell Phone #: _____ Home/Office #: _____ Email: _____

What information will this person provide regarding your claim?

Person 4: Last Name: _____ First Name: _____

Street Address: _____ Apt/Unit# _____ City: _____ State: _____ Zip Code: _____

Cell Phone #: _____ Home/Office #: _____ Email: _____

What information will this person provide regarding your claim?

Certification

I certify that the information and allegations outlined in this complaint form are true and correct to the best of my knowledge.

Print Name: _____ **Signature:** _____ **Date:** _____

First name, Last name

The completed Complaint Form can be mailed, hand delivered, or emailed to:

NewSchool of Architecture & Design
1249 F Street
San Diego, CA 92101

For Title IX submissions you may also print, sign, date, and email the form and documents to titleIX@newschoolarch.edu
For Title VI submissions you may also print, sign, date, and email the form and documents to ada@newschoolarch.edu