

**Exhibit B**

**Title IX Formal Complaint Form**

Title IX of the Education Amendments of 1972 (20 U.S.C. § 1681) is a federal law that prohibits discrimination based on the sex of students in educational institutions that receive federal financial assistance. When the form has been completed and signed by a Complainant or the Title IX Coordinator, the alleged sexual harassment will be investigated by the college. A copy of this completed form as well as information about BAC's Title IX grievance process will be provided to the Complainant and Respondent.

**Complainant Personal Information** (Please print):

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Alt #: \_\_\_\_\_

**Type of Complaint:**

Discrimination based on (select all that apply):

Sexual Harassment     Sexual Assault     Gender Based Harassment

Dating Violence     Stalking     Retaliation     Cyber Bullying     Other

**Date Incident Occurred:**

Earliest: \_\_\_\_\_

Latest: \_\_\_\_\_

Ongoing

**Respondent Information** (Please list the individual(s) alleged to have engaged in sexual harassment/prohibited conduct):

Name: \_\_\_\_\_

**Informal Resolution:** Are you interested in the BAC Title IX informal resolution process?

YES or NO (Circle One)

**Nature of Complaint:** Please provide a typed document to specify your complaint against the named person(s) in the previous section, including how the person(s) sexually harassed you, assaulted you, or retaliated against you. Please describe the behavior, comments, or incidents that prompted you to file your complaint. (Identify Who, What, When, Where)

**Were there any witnesses?** YES or NO (Circle One)

If yes, please provide a typed list of each witness and include name, phone number, email address, and relationship (if applicable).

**Did you discuss this matter with any of the witnesses identified?** YES or NO (Circle One)

If yes, please provide a typed list of each applicable witness and include name, date and method of communication.

**Please identify any employees or law enforcement to whom you reported your concerns (if applicable).** In a typed document please include name, date, reporting method, and outcome.

\_\_\_\_\_ *I certify the aforementioned is true and correct*

\_\_\_\_\_ *I certify I was provided with a copy of the BAC Title IX Policy*

\_\_\_\_\_ *I certify I was offered supportive measures*

\_\_\_\_\_ *I certify I wish to proceed with a formal Title IX complaint*

\_\_\_\_\_

Complainant Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Title IX Coordinator/Designee Signature

\_\_\_\_\_

Date