

# Bryan College Title IX Complaint Form

To file a complaint with the College, please complete and bring this form in person to the Title IX Coordinator. If you are unable to complete this form or would prefer to make a verbal complaint, please stop by the office of the Title IX Coordinator or schedule an appointment via the calendar scheduling link listed below. Although the university cannot commit to keeping a complaint of discrimination confidential because of the university's obligation to investigate the complaint, the university will use its best efforts not to disseminate information concerning the complaint beyond those who have a need to know. Please feel free to contact our office if you have any questions regarding the process for filing or investigating complaints of discrimination, including sexual harassment.

Title IX Contact Information: Hannah Schultz, Title IX Coordinator  
 MER 236 B, Box 7645  
 Dayton, TN 37321  
 Phone: (423) 775-7365 Email: [hschultz5419@bryan.edu](mailto:hschultz5419@bryan.edu)  
 Appt: <https://calendly.com/hschultz5419>

The victim of discrimination or harassment is encouraged to use the college's internal complaint process. Persons believing they have been discriminated against or harassed may seek assistance from government agencies such as the federal Equal Employment Opportunity Commission, or Department of Labor Office of Civil Rights or Atlanta Office, Office for Civil Rights. Telephone: 404-974-9406 or TDD: 800-877-8339.

<p>Check the box that applies to you:</p> <p><input type="checkbox"/> Faculty</p> <p><input type="checkbox"/> Staff</p> <p><input type="checkbox"/> Student</p> <p><input type="checkbox"/> Employment applicant</p> <p><input type="checkbox"/> Student applicant</p> <p><input type="checkbox"/> Other (explain): _____</p>	<p>Name _____</p> <p>Work / Cell _____ Home Phone _____</p> <p>Work Address / Dorm: _____</p> <p>Home Address: _____</p> <p>Supervisor (or R.A): _____</p>
<p>Type of Complaint:</p> <p><input type="checkbox"/> Age</p> <p><input type="checkbox"/> Disability</p> <p><input type="checkbox"/> Gender</p> <p><input type="checkbox"/> Medical Condition</p> <p><input type="checkbox"/> National Origin</p> <p><input type="checkbox"/> Pregnancy</p> <p><input type="checkbox"/> Race</p> <p><input type="checkbox"/> Religion</p> <p><input type="checkbox"/> Retaliation</p> <p><input type="checkbox"/> Sexual Harassment</p> <p><input type="checkbox"/> Sexual Orientation</p> <p><input type="checkbox"/> Veteran Status</p> <p><input type="checkbox"/> Other (explain): _____</p>	<p>Have you brought this matter to the attention of any other departments at the university? If so, please list the names and departments of all other persons with whom you have discussed this matter:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

Complaint: Describe your complaint. Please summarize below and attach additional pages describing your complaint if necessary.

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Name of person or persons you believe discriminated against you and why you have contact with them, e.g. supervisor, co-worker, faculty, student, customer.

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Describe the corrective action you are seeking. Attach additional pages if necessary.

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For retaliation complaints, please explain why you believe someone retaliated against you:

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Witnesses (Name, relationship to you, and phone number)

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I certify that the information mentioned is true and correct.

X \_\_\_\_\_

Date \_\_\_\_\_

Office Use Only:  
Complaint taken by:  
Signature:  
Date:  
Other Notes: