

Sexual Harassment/ Sexual Misconduct Complaint (Title IX)

**Denotes required field*

*Your Full Name: _____

*Your Email Address: _____ *Your Phone Number: _____

*Your MCC Status: Student Faculty/Staff Other _____

Person who is accused of discrimination/harassment:

Full Name: _____

Email Address: _____ Phone Number: _____

MCC Status: Student Faculty/Staff Other Unknown

Description of Incident:

Date of Incident: _____ Location of Incident: _____

*Describe specific act(s) alleged:

*Were witnesses present for the alleged behavior? Yes No

If yes, please list name(s) and contact information.

If alleging harassment, did you take any action to stop the harassment? Yes No

If yes, please summarize the action taken.

How would you like to see the situation resolved?

Completed form should be saved to your device, then emailed to the Title IX Coordinator, ulbrichc@macomb.edu or mailed to Casandra Ulbrich, 14500 E. 12 Mile Road, Warren, MI 48088-7998.