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# Florida Panhandle Technical College (aka FPTC) Title IX Complaint Form (including sexual misconduct)

Title IX of the Education Amendments of 1972 (20 U.S.C. § 1681) is an all-encompassing federal law that prohibits discrimination based on the gender of students and employees of educational institutions which receive federal financial assistance. This rule was amended in August 2020, and this form complies with the changes of the rule.

To file a complaint with FPTC, please complete and submit this form to the Office of Student Services, to the Title IX Coordinator, Belinda Collins, or call to make arrangements for a meeting with you. If you are unable for any reason to complete this form and would like to make a verbal complaint, please call Student Services to arrange a meeting or phone call, if needed; however, a complaint to be official it must be in writing.

When this form has been completed and signed by the complainant, and then signed by the Title IX Coordinator or a Designated Deputy, the formal complaint has been properly received by FPTC.

The complainant will be provided with a copy of this form as well as complete information about the Title IX complaint process.

Office of the Title IX Coordinator:

**Belinda R. Collins, Registrar**

757 Hoyt Street, Chipley, FL 32428

Ph: 850.638.1180 x 6306

Office Hours:

Mon-Fri: 7.30-3.00 Regular School Year

Mon-Fri: 7.00-4.00 Summer

Closed Federal and District Holidays.

FPTC Statement of Non-Discrimination

In compliance with Title IX of the Education Amendments of 1972, Title VI and VII of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and other federal, state, and local laws, FPTC forbids discriminating or harassing conduct that is based on an individual's race, color, religion, sex, ethnicity, national origin or ancestry, age, physical or mental disability,

sexual orientation, gender identity, gender expression, genetic information, veteran or military status, membership in Uniformed Services, and all other categories protected by applicable state and federal laws. This commitment applies but is not limited to decisions made with respect to hiring and promotion, the administration educational programs and policies, scholarship or other College administered programs. Discriminatory acts of any kind are strictly forbidden. Any member of the FPTC community has the right to raise concerns or make a complaint regarding discrimination without fear of retaliation. Any and all inquiries regarding the application of this statement and related policies may be referred to the coordinator or in abstention designee above. Complaints may also be made via email [belinda.collins@fptc.edu](mailto:belinda.collins@fptc.edu), or by completing this form, which will immediately forward itself to the named representatives.

If you choose to email the form separately from this submission option, please reference "TITLE IX Complaint: "" in the reference line.

\* Required

1. You may Complete this form digitally. Or you may print a copy and provide it in written/printed form to the Title IX Coordinator or Designee above.

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2. NOTICE: Although FPTC cannot commit to keeping a Title IX complaint confidential because of its obligation to investigate the complaint, FPTC will use its best efforts not to disseminate information concerning the complaint beyond those who have a need to know. Please include your full name (first name / Last name) here as an acknowledgement of understanding and consent. \*

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3. WHO ENFORCES TITLE IX?The United States Department of Education's Office for Civil Rights (OCR) is in charge of enforcing Title IX. Information regarding OCR can be found at [www.ed.gov/about/offices/list/ocr/index.html](http://www.ed.gov/about/offices/list/ocr/index.html). \*

*Mark only one oval.*

I understand

4. DEADLINE: COMPLAINTS UNDER TITLE IX for Employees or Students: If you are a student who believes you have been subjected to any form of discrimination under Title IX, you may report such misconduct or file a formal complaint with the appropriate representative. Complaints must be submitted in writing not more than 120 days after the incident(s) in question. Completion and Submission of this form shall be considered "written". If you are a student who believes you have been or are the victim of sexual misconduct, including sexual assault, sexual harassment, sexual violence or other sexual misconduct, by an FPTC student or employee, you may report such conduct or file a complaint under Title IX as described herein. \*

*Mark only one oval.*

I understand

5. Retaliation: Federal and state laws prohibit the taking of retaliatory measures against any individual who files a complaint in good faith. \*

*Mark only one oval.*

I understand

6. I am a: \*

*Mark only one oval.*

Student

Faculty

Staff

Applicant (Student or Employee)

Other

7. Name \*

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8. SS# (you may enter last 4 at this time, then provide the rest during confirmation interview) \*

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9. Gender \*

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10. Race/Ethnicity \*

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11. Local / Mailing Address (Street / City / ST / ZIP) \*

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12. Daytime Phone \*

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13. Evening or Message Phone \*

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14. Email address \*

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15. If Student: Which Program. Enter "N/A" if Employee \*

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16. If Employee -Position Enter "N/A" if NOT an employee \*

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17. CHECK ALL THAT APPLY: Type of Complaint?

*Check all that apply.*

- AGE
- Bully / Include Cyber
- Disability
- Gender
- Marital Status
- Medical Condition
- National Origin
- Race / Ethnicity
- Retaliation
- Sexual Assault
- Sexual Harrassment
- Sexual Misconduct
- Sexual Orientation
- Other (if Other- describe below)

18. Other

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19. Who is the person you believe to be responsible for this act? Provide their NAME, GENDER, Race/Ethnicity, Their Position (Employee (with title)/ Faculty (which program) / Student / Other (If Other - Clarify), Your relationship- if any). \*

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20. What was the date, time, and the location of the incident? \*

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21. If Witnesses: Who is WITNESS ONE? (Name / Relationship / Phone #)

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22. If Witnesses: Who is WITNESS TWO? (Name / Relationship / Phone #)

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23. If Witnesses: Who is WITNESS THREE (Name / Relationship / Phone #)

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24. If you reported this incident to any other person, employee, or faculty member; who? when? how?

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25. Was this incident reported to Law Enforcement? \*

*Mark only one oval.*

Yes

No

26. If reported to Law Enforcement: Provide the Officer contact information and Agency

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27. Describe - in detail - your complaint \*

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28. Describe your feelings and reaction at the time the incident occurred. \*

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29. Please advise: What corrective action do you seek? \*

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30. Complainant Certification: Your digital signature below certifies that the information provided herein is true. Type your First and Last Name. \*

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31. TITLE IX Coordinator Use Only: This submission was received by FPTC on the DATE and listed herein, by the undersigned authority. Contact with submitter shall be made within 10 days of receipt.

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