

Title IX Incident Report Form

Formal Request for Investigation

Title IX of the Education Amendments of 1972 (20 U.S.C. § 1681) is an all-encompassing federal law that Title IX protects students and employees from discrimination based on sex in education programs or activities that receive federal financial assistance.

To file a complaint with the Idaho College of Osteopathic Medicine, please complete and submit this form in person to the ICOM Title IX Coordinator or the ICOM Office of Human Resources or call to make arrangements for a representative to meet with you at another location. If you are unable for any reason to complete this form and would like to make a verbal complaint, please call one of the offices, below. **Please take careful note that an *official* complaint must be made in writing using this report form.** When this form has been completed and signed by the complainant, and then signed by the Title IX Coordinator or their designee, the formal complaint has been properly received by ICOM. The complainant will be provided with a copy of this form as well as complete information about the Title IX complaint process. If the incident has escalated to the level of sexual violence, it is more than likely that ICOM will be required to file a police report.

Office of the Title IX Coordinator:

Ms. Heidi Powers
Assistant Vice President of Human Resources, Title IX Coordinator
Human Resources Room 352, 1401 E Central Drive, Meridian, ID 83642
208.795.4378 | hpowers@icom.edu

Although ICOM cannot commit to keeping a Title IX complaint confidential because of the college's obligation to investigate the complaint, ICOM will use its best efforts not to disseminate information concerning the complaint beyond those who have a need to know.

ICOM's Statement of Non-Discrimination

ICOM prohibits discrimination on the basis of age, race, sex, color, gender, gender identity and expression, national origin, ethnicity, ancestry, sexual orientation, religion, creed, disability, genetic information, marital status or any other legally protected class status in all its programs, activities, and employment practices. This commitment applies to, but is not limited to, decisions made with respect to hiring and promotion, the administration of educational programs and policies, scholarship and loan programs, or other ICOM administered programs. Any member of the ICOM 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 ICOM Title IX Coordinator and/or Director of Human Resources. As set forth in our policies, individuals may also file complaints with administrative agencies such as the U.S. Department of Education, Office for Civil Rights.

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 the OCR can be found at www.ed.gov/about/offices/list/ocr/index.html.

Complaints Under Title IX

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 Office of the Dean of Students or the Office of Human Resources. Complaints must be submitted in writing. If you are an ICOM 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 another ICOM student or an employee, you may report such conduct or file a complaint under Title IX with the ICOM Title IX Coordinator or the ICOM Office of Human Resources.

Employees: If you are an employee who believes you have been subjected to discrimination under Title IX, including sexual harassment, or who wishes to file a complaint under Title IX, you can do so with the ICOM Title IX Coordinator or the ICOM Office of Human Resources. The formal complaints must be submitted in writing. Federal and state laws prohibit the taking of retaliatory measures against any individual who files a complaint in good faith.

Please complete this form to request an investigation into a Title IX-related incident

Note: Submission of this form will notify the Title IX Coordinator and/or the Director of Human Resources

Sexual Misconduct Policy and Investigation Procedures

As defined in the ICOM Sexual Misconduct Policy and Investigation Procedures, Sexual Violence constitutes a form of prohibited sexual discrimination and is defined as physical sexual acts perpetrated against a person's will or where a person is incapable of giving consent (e.g., due to the person's age, use of drugs or alcohol, or because an intellectual

or other disability prevents the student from having the capacity to give consent). A number of different acts, fall into the category of sexual violence, including rape, sexual assault, sexual battery, and sexual coercion.

1. Date of Submission of this form:

Month: _____ Day: _____ Year: _____

2. Please select investigation type:

SEXUAL HARASSMENT: quid pro quo, hostile work/learning environment, stalking, sexual exploitation

SEXUAL DISCRIMINATION: denial /loss/unequal opportunities based on gender

SEXUAL VIOLENCE: rape, sexual assault, sexual battery, sexual coercion, etc.

OTHER: _____

3. Contact Information:

I will provide my contact information, below

I wish to remain anonymous

(if you wish to remain anonymous with regard to an allegation of SEXUAL VIOLENCE, you do not have to complete the *Complainant's Information* and *Emergency Contact's Information* sections of this form. However, you are required to provide the Date of Incident and Description of the Incident sections. Any decision to remain anonymous at this time will likely impede the College's ability to respond to and investigate the complaint.)

4. **Complainant's Information:**

a. What is your relationship with ICOM?

Student Employee Other _____

b. Complainant's Name: _____

c. Complainant's Email: _____

d. Complainant's Phone Number: _____

e. Complainant's Address: _____

5. **Emergency Contact's Information:**

a. Emergency Contact's Name: _____

b. Emergency Contact's Email: _____

c. Emergency Contact's Phone Number: _____

d. Emergency Contact's Relationship: _____

6. **Incident Information:**

Date of Incident: Month: _____ Day: _____ Year: _____ Time: _____

Please select if this incident is on-going and/or has multiple related incidences

7. Respondent's Information (*complete all information to the best of your knowledge*):

a. What is the Respondent's relationship with ICOM?

Student Employee Unknown Other: _____

b. Respondent's Name: _____

c. Respondent's Email: _____

d. Respondent 's Phone Number: _____

e. Respondent 's Address: _____

8. Please provide a complete description of the Sexual Harassment/Discrimination/Violence incident.
Provide a description of the incident(s), here: