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| Texas Workforce Solutions Logo. | | | **Texas Workforce Commission**  **Vocational Rehabilitation Services**  **Title IX Complaint Form** | | | | |
| **General Instructions** | | | | | | | |
| **Follow the instructions below when completing this form:**   * Complete the form electronically answering all questions completely. Use additional pages, if necessary. * Submit form to the Title IX Coordinator noted at the bottom. | | | | | | | |
| **Complainant Information** | | | | | | | |
| **Person making the complaint is:** (Check all that apply)**:** | | | | | | | |
| Staff | Provider | Customer | | Visitor | Other | |  |
| If other, specify: | | | | | | | |
| First Name: | | Middle: | | | Last: | | |
| Customer Case ID (If applicable): | | | | | | | |
| Title / Department (if applicable): | | | | | | | |
| Street Address: | | City: | | | Zip Code: | | |
| Contact Information: | | Phone #: | | | Email: | | |
| **Person completing the form if different from above** | | | | | | | |
| **Same as above:** | | | | | | | |
| Staff | Provider | Customer | | Visitor | Other | |  |
| If other, specify: | | | | | | | |
| First Name: | | Middle: | | | Last: | | |
| Contact Information: | | Phone #: | | | Email: | | |
| **Respondent / Accused Information** | | | | | | | |
| Staff | Provider | Customer | | Visitor | Other | |  |
| If other, specify: | | | | | | | |
| First Name: | | Middle: | | | Last: | | |
| Customer Case ID (If applicable): | | | | | | | |
| Title / Department (if applicable): | | | | | | | |
| Street Address: | | City: | | | Zip Code: | | |
| Contact Information: | | Phone #: | | | Email: | | |
| **Nature of Violation** | | | | | | | |
| **Note:** Please consult the Title IX Complaint Procedures for definitions. Check all that apply: | | | | | | | |
| Sexual Harassment (General) | | Domestic Violence | | | Sexual Assault | | |
| Stalking | | Dating Violence | | | Retaliation | | |
| **Incident / Complaint** | | | | | | | |
| Date of Incident / Complaint: | | | | Time of Incident / Complaint: | | | |
| Location of Incident / Complaint: | | | | | | | |
| **Description of Incident / Complaint** | | | | | | | |
| Please provide a detailed description of the incident / concern using specific, concise, objective language. If you have listed  an individual as an involved person, he or she should be mentioned at least once in the narrative.   Please provide as much detail as possible in describing behaviors and activities that occurred. Avoid using pronouns  when multiple individuals are involved. Attach any necessary or supplemental documents.  **Description**: | | | | | | | |
| **Additional Reports** | | | | | | | |
| If you also reported this information to any other persons or to a law enforcement agency, please provide the following  (attach additional pages or documents, as needed): | | | | | | | |
| Name: | | Title/Department: | | | | Phone #: | |
| Name: | | Title/Department: | | | | Phone #: | |
| **Witnesses and/or other persons involved** | | | | | | | |
| Please provide the name, relationship to the Complainant, and phone number of any potential witnesses. | | | | | | | |
| Name: | | Relationship: | | | Phone #: | | |
| Name: | | Relationship: | | | Phone #: | | |
| **Evidence** | | | | | | | |
| Please list below any evidence that you believe is relevant to your allegations. This could include audio or visual media, physical objects,  online materials, text messages, voicemail messages, screen captures, emails, or any  other item you are attaching or intend to make available for the purpose of this complaint. If known, please  also identify any information in CCRC’s possession that you believe to be relevant to your allegations and would like CCRC to review. | | | | | | | |
| **Resolution** | | | | | | | |
| Please state or describe the remedy / resolution you are seeking: | | | | | | | |
| Please provide any other information that would be helpful for CCRC in reviewing your allegations: | | | | | | | |
| What is the best way to contact you: | | | | | | | |
| **Acknowledgement and Signature** | | | | | | | |
| By submitting this form, I certify that the information provided is true and accurate to the best of my knowledge.  I understand that making a false complaint is a violation of policy and can result in sanctions. | | | | | | | |
| **Typed or Printed Name:** | | **Signature:**  **X** | | | **Date Signed:** | | |
| Please email this form and relevant documents to [TitleIX@twc.texas.gov](mailto:TitleIX@twc.texas.gov). Or you may return it to CCRC located at 4800 North Lamar Boulevard, Austin, Texas 78756. To speak to the Title IX   Coordinator or designee, please call (512) 367-2397. To access the  Title IX Complaint Procedures or for more information, please visit the TWC website:   <https://twc.texas.gov/vocational-rehabilitation-title-ix-coordinator>. Any questions or concerns that you may  have during this process may be direction to the Title IX Coordinator. | | | | | | | |
| **VRS Use Only** | | | | | | | |
| Received by: | | | | Date Received: | | | |