

# G N O M O N

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## ANONYMOUS HARASSMENT/SEXUAL MISCONDUCT, DISCRIMINATION (INCLUDING DISABILITY) AND RETALIATION COMPLAINT

Information provided here goes to Gnomon's Title IX Coordinator.

All students are encouraged to formally report any incidents to Gnomon's Title IX Coordinator and/or local law enforcement. It is your choice to make a report to either or both entities.

If you would like to speak privately to Gnomon's Title IX Coordinator, please call 323.466.6663 or email [carmen.munoz@gnomon.edu](mailto:carmen.munoz@gnomon.edu). The Title IX Coordinator can provide information regarding Gnomon policies and procedures, support measures, and available resources.

**Today's Date:**

\_\_\_\_\_

### REPORTING PARTY INFORMATION:

Information regarding the person reporting the incident

#### Your connection with the incident:

- I am the complainant. I experienced a sex discrimination, sexual harassment, or sexual assault
- I am a friend of the complainant
- I witnessed the incident
- Other: \_\_\_\_\_

**Have you made any previous reports regarding this incident to either the Title IX Coordinator or any other Gnomon employee?**

- Yes
- No
- Other: \_\_\_\_\_

## COMPLAINANT INFORMATION

Complainant: A person to who has reportedly experienced sex discrimination, sexual harassment, sexual assault, domestic violence, dating violence, stalking or other Title IX related incident.

### Complainant's Gender:

If transgender, please indicate the gender presenting

- Female
- Male
- Other: \_\_\_\_\_

Complainant's Age: \_\_\_\_\_

### Complainant's Affiliation with Gnomon:

Please check all that apply.

- Student
- Faculty
- Staff
- None
- I don't know
- Other: \_\_\_\_\_

## RESPONDENT INFORMATION

:

Respondent: A person alleged to be responsible for the prohibited conduct in a complaint.

### Respondent's Gender:

If transgender, please indicate the gender presenting

- Female
- Male
- Other: \_\_\_\_\_

### Respondent's Age:

\_\_\_\_\_

Please enter known or approximate age. If there was more than one perpetrator/offender please enter their ages, if known.

### Respondent's Affiliation with Gnomon:

Please check all that apply.

- Student
- Faculty
- Staff
- None
- I don't know
- Other: \_\_\_\_\_

**THE FOLLOWING QUESTIONS ASK ABOUT THE INCIDENT(S) THAT YOU ARE REPORTING.  
IF ANY INFORMATION IS UNKNOWN, PLEASE LEAVE THE QUESTION BLANK.**

**Date of Incident:** \_\_\_\_\_

Please include month/day/year, if known.

**Approximate Time of Incident:** \_\_\_\_\_

(e.g. morning, afternoon, evening, late night, actual time, etc.)

**Location of Incident:**

- On-Campus
- Off-Campus
- Outdoors
- Alleged Perpetrator's/Offender's Residence
- Victim's/Survivor's Residence
- Unknown
- Other: \_\_\_\_\_

**Type of Incident(s):**

Check all that apply.

- Dating/Domestic Violence
- Discrimination (e.g. sexual, disability, age, etc.)
- Hate Crime/Violence
- Rape
- Stalking/Cyberstalking
- Sexual Coercion
- Sexual Exploitation
- Sexual Harassment
- Sexual Offense/Assault
- Other: \_\_\_\_\_

**If it was a Hate Crime, please describe the motivation.**

Please check all that apply.

- Race
- Disability (whether actual or perceived)
- National Origin
- Ethnicity
- Gender
- Gender Identity
- Sexual Orientation
- Religion
- Other: \_\_\_\_\_

**If it was Discrimination, please describe the motivation.**

Please check all that apply.

- Age
- Color
- Disability
- English Language Learner (ELL)
- Gender Identity and Expression
- Marital Status
- National Origin
- Race
- Religion
- Sex
- Sexual Orientation
- Veteran Status
- Other: \_\_\_\_\_

**What is the relationship between complainant and respondent(s)?** If more than one, please check all that apply.

- Acquaintance/Friend
- Intimate Partner
- Former Intimate Partner
- Spouse
- Employer
- Employee
- Stranger
- Unknown
- Other: \_\_\_\_\_

**Is there ongoing abuse?**

The same type of abuse being reported, or other type of abuse.

- Yes
- No
- I don't know
- Other: \_\_\_\_\_

**Is drugging of the victim/survivor suspected?**

If a specific drug is suspected, please enter information in the "Other" section.

- Yes
- No
- I don't know
- Other: \_\_\_\_\_

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## Did the incident occur at a Gnomon sponsored event?

Any event/activity/program/etc. on- or off-campus that was sponsored by Gnomon.

- Yes
- No
- I don't know
- Other: \_\_\_\_\_

## Description of the Incident:

Any information (detailed or general) that you feel comfortable disclosing.

## Remedy and Resolution

What remedy are you seeking?

## FOR MORE INFORMATION:

Information about reporting options, and services available through Gnomon, may be found at [www.gnomon.edu/about/consumer-disclosures/title9](http://www.gnomon.edu/about/consumer-disclosures/title9)