Alleged Discrimination based on (please check all that apply)
- Dating/Domestic Violence
- Sexual Assault
  - Sexual Harassment
  - Stalking

Complainant’s Name: ___________________________ Date: ______________________
Accused name: ___________________________ Reported to: ______________________

**Title IX Complaint**

This office or designee will discuss individuals’ rights, academic support options, available interim remedies, such as housing and class changes for accused or reporting individual, and other possible college actions. SUNY Canton will **not** wait for the conclusion of the criminal investigation or criminal proceeding to begin its own sex discrimination investigation, and if needed, will take immediate steps to protect the reporting individual in the educational setting.

- SUNY Title IX Coordinator contacted and/or
- SUNY Title IX Office information provided:
  - Nico Auguste, phone: 315-386-7399, email: Augus103@canton.edu

**SUNY Canton Title IX Services- Please check as many boxes as appropriate**

**Counseling Services**
- SUNY Counselor contacted OR Counseling Center 315-386-7314 information provided. **(Students only)**
- Other Local relevant agencies phone number information provided.

**Medical Assistance**
- Campus Health Center Contacted 315-386-7333 or contact Information provided **(Students only)**
- Hospital ER visited Ambulance
  - Utilized____ Ambulance Declined____
- Hospital ER 315-265-3300 information provided

**SUNY Judicial Charges **(If accused is a SUNY student)**
- Charges to be filed per student request
- Charges Declined
- Unsure at this time

**Criminal Charges**
- Charges filed?
  - If charges filed: Order of Protection requested____ Order of Protection Declined____
- Charges not filed (Check why)
  - Charges not mandatory and victim requested they not be filed
  - Unsure at this time

**Safety Services/University Police**
- Informed of UP on-campus escort service.
- Informed of confidential phone and directory information through Registrar 315-386-7616 **(students only).**
- Offered room change/room combination change
  - Accepted Room Change
  - Declined Room Change
  - Accepted Room Combination Change
  - Declined Room Combination Change
- Offered no contact order
  - Accepted no contact order
  - Declined no contact order
  - Offered Academic Accommodations
- Offered work schedule and location accommodations (on campus employees)

If I change my decision regarding the above listed services, I will contact University Police 315-386-7777, the Title IX Office 315-386-7399 or the service provider directly.

Reporting Individual Signature: ___________________________________________ Date: ______________________

White Copy- Title IX  Yellow Copy- Person Taking Report  Pink Copy- Reporting Individual