



BCOM FORMAL SEXUAL HARRASSMENT OR SEXUAL DISCRIMINATION REQUEST FOR INVESTIGATION

This form is only for allegations of Sexual Discrimination or Sexual Harassment other than Sexual Violence. For Requests for Investigation regarding Sexual Violence, refer to the BCOM Violence Request for Investigation form.

As defined in the BCOM Sexual Misconduct Policy and Investigation Procedures, Sexual Discrimination includes but is not limited to situations when an employee or student suffers an adverse employment or academic consequence (such as denial or loss of employment or academic opportunities or status, reductions in pay or grades) on the basis of sex, gender, or sexual orientation.

As defined in the BCOM Sexual Misconduct Policy and Investigation Procedures, Sexual Harassment constitutes a form of prohibited sexual discrimination and is defined as unwelcome conduct (verbal, non-verbal or physical) that unreasonably interferes with an employee's or student's work or academic performance or creates an intimidating, threatening or hostile work or educational environment on the basis of an employee's or student's gender or sexual orientation, and/or which is directed at, or made of, an individual's gender or sexual orientation.

If you have questions, consult the BCOM Sexual Misconduct Policy and Investigation Procedures or contact the Title IX Coordinator, Vanessa Richardson, 575-674-2396, vrichardson@bcomnm.org, Office 204F.

To be Filed with:

- BCOM Title IX Coordinator, Vanessa Richardson, 575-674-2396, vrichardson@bcomnm.org, Office 204F.

If the Title IX Coordinator is not available, or there is a potential conflict of interest with the Title IX Coordinator:

- Human Resource Director, Dawn Leake, 575-674-2284, dleake@bcomnm.org, Office 351.

Name:	Primary phone:	Alternate phone:
Address:	Email:	DOB:
Relationship to BCOM: <input type="checkbox"/> Student <input type="checkbox"/> Employee <input type="checkbox"/> Other: _____	Emergency Contact Information:	
<input type="checkbox"/> I request this report and my identity to remain confidential. I understand that the confidentiality of all participants will be maintained to the fullest extent possible, but BCOM must weigh this request against its obligation to provide a safe, non-discriminatory environment for all of its students and employees, and will evaluate my request in accordance with the College's Sexual Misconduct Policy and Investigation Procedures.		
* Please note that if you fail to provide identifying information about yourself, BCOM's investigation and response will be impeded.		
Date(s) of Alleged Sexual Harassment Or Sexual Discrimination Action(s)		
Describe the sexual harassment or sexual discrimination incident(s) that allegedly occurred (include names and other identifying information about the person(s) you believe committed the sexual harassment or sexual discrimination).		

Complainant's Signature: _____

Date: _____

Title IX Coordinator Signature: _____

Date: _____