



BCOM SEXUAL VIOLENCE REQUEST FOR INVESTIGATION

As defined in the BCOM 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 of where a person is incapable of giving consent (e.g., due to the person’s age or 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.

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: _____