

## Title IX Complaint & Incident Report Form

The Los Angeles Film School values civility, dignity, diversity, education, honesty, and safety and is firmly committed to maintaining a campus environment free from all forms of sex discrimination, sexual harassment, and sexual assault. Similarly, retaliation for having brought forward a concern or allegation or for participating in an investigation of a report of sex discrimination, sexual harassment, and sexual assault is prohibited and is grounds for disciplinary action.

If you believe you have been sexually assaulted or harassed by any member of the College community or while participating in a college sponsored activity, you are encouraged to bring it to the attention of the Title IX Coordinator and/or other College official. If you would like to initiate a criminal investigation of a sexual assault, please call the Hollywood Community Police Station at (213) 972-2971.

This form and any attachments can be submitted to Dana Franklin, Title IX Coordinator. The Title IX Coordinator's Office is located at 6365 Sunset Blvd. (B#2), 5<sup>th</sup> floor. You may also submit this form via email to [dfranklin@lafilm.edu](mailto:dfranklin@lafilm.edu). (**subject line- Complaint Form**).

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Today's date: \_\_\_\_\_

**Complainant (Person Filing the Complaint)**

Name of the Complainant:

\_\_\_\_\_

Complainant's Phone Number and or Email Address:

\_\_\_\_\_

The Complainant is (please check one):  student  faculty  staff  not affiliated with the College  
For student, faculty & staff, indicate whether:  current or  former

**Information Regarding the Alleged Victim (if he or she is not the Complainant):**

Name, phone number and/or email address of the alleged victim:

\_\_\_\_\_

The alleged victim is (please check one):  student  faculty  staff  not affiliated with the College  
For student, faculty & staff, indicate whether:  current or  former

**Information Regarding the Respondent: (Individual Complaint is Against)**

Name of the Respondent:

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Respondent's phone number or email address (if known):

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The Respondent is (please check one):  student  faculty  staff  not affiliated with the College  
For student, faculty & staff, indicate whether:  current or  former

**Information Regarding the Alleged Sexual Misconduct**

Which of the following type of sexual misconduct does your complaint fall under?

- a) Sexual Assault: YES NO
- b) Sexual Exploitation: YES NO
- c) Sexual Intimidation: YES NO
- d) Sexual Harassment: YES NO
- e) Domestic Violence: YES NO
- f) Dating Violence: YES NO
- g) Stalking: YES NO
- h) Other: YES NO (if yes, please specify below)

**Time and date of the alleged Misconduct:**

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**Location of the alleged Misconduct:**  on campus:  off campus:

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**Witnesses or other parties who may have information regarding the alleged Misconduct, along with phone number or email address, if known:**

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**Please provide a description of the alleged Misconduct:**

*Please include the following information in your description when known: the gender of the parties, the relationship between the parties, whether one or more of the parties were under the influence of alcohol or drugs at the time of the alleged Misconduct, whether the Respondent used force (physical or otherwise) in the course of the alleged Misconduct, and the frequency (if applicable) of the alleged Misconduct.*

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*Please feel free to use the reverse side of this form or separate pages to continue your description, if desired.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_