



White Earth Tribal and Community College Sexual Harassment Formal Complaint Form

Complainant's Name _____

Mailing Address _____

Telephone Number _____ Email _____

Please select one Employee Student Other

Respondent(s)

Name: _____

Name: _____

Description: Date and place of alleged violation; the nature of the alleged violation, detailed description of the conduct of the violation:

List any Witnesses:

Signature: _____ Date: _____

Submit Completed Form To:
Violet Klinkhammer, WETCC Title IX Coordinator
2250 College Rd, Mahnomon, MN 56557 - Administration, Office #214
Email: violet.klinkhammer@wetcc.edu Phone: 218-218-935-0417