

FORMAL TITLE IX COMPLAINT FORM

Complainant's name: _____

(NOTE: If filing on behalf of someone else, please put alleged victim's name)

Complainant's Phone Number: _____ E-mail Address: _____

Reporting Party's name and contact information: _____

Alleged Respondent's name: _____

Alleged Respondent's Contact Information (if known): _____

Witness(es):

Name: _____ Contact Information: _____

Name: _____ Contact Information: _____

Name: _____ Contact Information: _____

(Use additional paper to identify any additional witness if needed)

Date of Incident(s): _____ Location(s) _____

Please provide a description of the conduct alleged to be in violation of Title IX:

(Use additional paper if needed)

Please identify any supportive/interim measures needed/requested at this time, if any:

I state that the foregoing information is true and correct, and I understand that knowingly reporting false information could subject be to discipline.

Signature of Complainant/Reporting Party

Signature of Title IX Coordinator
(if completing form on behalf of Complainant)

-----THIS PORTION TO BE COMPLETED BY TITLE IX COORDINATOR-----

Date Received: _____ Investigator Assigned (if applicable): _____

Date Supportive Measures Offered: _____

Supportive Measures Provided: _____
