

G-19, G-20 & Title IX Sexual Harassment Form: Complaint and/or Request for Investigation



PERSONAL INFORMATION

Name: _____ Telephone: _____

Address: _____

Email Address: _____ Preferred Form of Communication: _____

I am (check one): Student: Employee: Parent/Guardian:
 Community Member: Vendor/Contractor:

TYPE OF REQUEST:

<p><i>Check All That Apply:</i></p> <p>Discrimination: <input type="checkbox"/></p> <p>Harassment: <input type="checkbox"/></p> <p>Retaliation: <input type="checkbox"/></p> <p>Bullying: <input type="checkbox"/></p> <p>Cyber-bullying: <input type="checkbox"/></p> <p>Hazing: <input type="checkbox"/></p> <p>Abusive Conduct: <input type="checkbox"/></p> <p>Sexual Harassment/Title IX: <input type="checkbox"/></p> <p>Unsure: <input type="checkbox"/></p>	<p><i>If you are requesting an investigation of discrimination and/or harassment, please indicate the protected class(es) that relate to you/your complaint:</i></p> <p>Age: <input type="checkbox"/> Pregnancy: <input type="checkbox"/></p> <p>Color: <input type="checkbox"/> Race: <input type="checkbox"/></p> <p>Disability: <input type="checkbox"/> Religion: <input type="checkbox"/></p> <p>Gender: <input type="checkbox"/> Sex: <input type="checkbox"/></p> <p>Gender Identity: <input type="checkbox"/> Sexual Orientation: <input type="checkbox"/></p> <p>Marital Status: <input type="checkbox"/> Veteran Status: <input type="checkbox"/></p> <p>National Origin: <input type="checkbox"/> Other (describe): <input type="checkbox"/></p> <p>_____</p>
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ADDITIONAL INFORMATION

Please describe your concern or complaint in detail including the date the problem occurred. You may attach additional pages as necessary.

Provide the name of the individual(s) you wish to file a complaint against, and their position and contact information, if known. _____

REQUIRED SIGNATURES

I state that the foregoing information is true and correct, and I understand that there will be consequences for intentionally providing false information.

Signature: _____ Date: _____