

Title IX Complaint Form

This form is to be used to report incidents of sexual harassment, sexual assault, dating or domestic violence, or stalking on the basis of sex. If you have questions regarding use of this form, please contact the Title IX Coordinator.

_____		_____	
Date	Name of Complainant		
_____		_____	
Name of Person Filing This Report		Relationship to Complainant	
_____		_____	_____
Home Phone	Cell Phone	Email Address	

Address			
_____		_____	_____
City	State	ZIP Code	
_____		_____	
Date of Incident	Location of Incident		

Name of Accused			

Has this matter been reported to Law Enforcement or Child Protective Services? If so, date of report

Please attach as many pages as necessary to explain what happened

By checking this box, I am indicating that I wish for this matter to be investigated. As part of an investigation, I understand that the identity of the Complainant, and the details of this Complaint, will be shared with the person accused. If you have any questions or concerns, please contact the Title IX Coordinator [Name, email]. You may also submit this form without checking this box. The Title IX Coordinator will contact you to discuss your options.

Signed: _____

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