

Title IX Discrimination Formal Complaint Form

COMPLAINANT PERSONAL INFORMATION (Please Print):

Name: _____

Email: _____

Home Address: _____

City: _____ State: _____ Zip code: _____

Phone Numbers: (Cell) _____ Work: _____

Student ID: _____ Campus: _____

Employee ID: _____ Job Title: _____

Employee's School/Office Location: _____

TYPE OF COMPLAINT:

Discrimination based on: (Check all that apply)

- Sexual Harassment Sexual Assault Gender Based Harassment Dating Violence
 Stalking Retaliation Cyber Bullying Other

Date Incident Occurred:

Earliest _____

Latest _____

- Continuing Action

RESPONDENT INFORMATION: Please list the individual(s) alleged to have engaged in sexual harassment/prohibited conduct:

Name: _____

School/Department: _____

Name: _____

School/Department: _____

Were there any witnesses to this matter? (Please Circle) Yes No

If yes, please identify witnesses to the incident(s) or those who have knowledge of the incident(s). Please attach additional names if needed.

Name: _____ Relationship to you: _____

Phone Number: _____ Email: _____

Name: _____ Relationship to you: _____

Phone Number: _____ Email: _____

Name: _____ Relationship to you: _____

Phone Number: _____ Email: _____

Did you discuss this matter with any of the witnesses previously identified? (Please circle)

Yes No

Name: _____ Date: _____

Method of Communication: _____

Please identify any administrators, District employees, or law enforcement agency to whom you have reported your concerns.

Reported to (Name): _____ Date: _____

Describe how concerns were reported:

Results:

Reported to (Name): _____ Date: _____

Describe how concerns were reported:

Results:

Complainant's Signature

Date

Complaint taken by:

Title IX Coordinator/designee
