



Title IX Sexual Harassment FORMAL COMPLAINT FORM

Your information entered below will be confidentially sent to the Title IX office and reviewed by our staff, who will contact you within two business days to follow up with you.

Date: _____

PERSON FILING THIS COMPLAINT

Parent Guardian Student Authorized Advocate Employee

Last Name _____ Name _____

Address _____ Apt # ____ City _____ State ____ ZIP _____

Home Phone _____ Work or cell phone _____

Email _____

NAME OF COMPLAINANT [Victim] _____

Is complainant (victim) a Student? Employee?

NAME OF RESPONDENT(S) [Accused] _____

Is respondent [accused] a Student? Employee?

DATE and TIME of Incident _____ LOCATION of Incident _____

INCIDENT DESCRIPTION *Describe what happened in as much detail as possible.*

INCIDENT DESCRIPTION.....

INDIVIDUALS INVOLVED Include full name of any witnesses.

IMPACT ON COMPLAINANT (Victim) *How has the incident impacted the victim? Has it interfered with school in any way?*

Please submit this complaint to:

**Title IX office
2309 Tulare
Fresno, CA 93721**

**T: (559) 457-3850
E: titleIX@fresnounified.org**