Title IX Complaint Form

Report filed by: ☐ Victim/Survivor ☐ Third Party ☐ Anonymous

COMPLAINANT INFORMATION

Check one: ☐ Student ☐ Faculty ☐ Staff ☐ Applicant (Student/Employee) ☐ Other _____

Name: _____ S-Number: _____

Gender: _____ Race: _____

Local Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Campus Email: _____

(If a student) Classification: _____ Major: _____

(If an employee) Position/Title: _____ College/Dept: _____

TYPE OF COMPLAINT (Check all that apply)

- ☐ Age
- ☐ Bullying (Cyber-Bullying)
- ☐ Disability
- ☐ Gender
- ☐ Marital Status
- ☐ Medical Condition
- ☐ National Origin
- ☐ Race
- ☐ Retaliation
- ☐ Religion
- ☐ Sexual Assault
- ☐ Sexual Harassment
- ☐ Sexual Misconduct
- ☐ Sexual Orientation
- ☐ Stalking
- ☐ Veteran Status
- ☐ Other: _____

RESPONDENT INFORMATION (Person you believe to be responsible for the alleged act)

Name: _____ Gender: _____ Race: _____

The respondent is: ☐ Student ☐ Faculty ☐ Staff ☐ Other _____

(If an employee) Position/Title: _____ College/Dept: _____

Your relationship to the respondent (if any): _____

Date/time of the alleged incident: _____ Location of alleged incident: _____

WITNESSES (Relationship information requested means co-worker, supervisor, faculty, etc)

_____	_____	_____
Witness 1	Relationship	Phone
_____	_____	_____
Witness 2	Relationship	Phone
_____	_____	_____
Witness 3	Relationship	Phone

Has this incident been reported to any other department(s) at the University?

☐ Yes ☐ No If yes, provide the following:

College/Department: _____ Contact Person: _____

Department Location: _____ Phone: _____

Was the incident reported to law enforcement: ☐ Yes ☐ No If yes, what agency? _____

Describe in detail your complaint (Attach additional sheets if necessary)

Describe the corrective action you are seeking (Attach additional sheets if necessary)

Complainant Certification

I certify that the information presented in this complaint is true and correct.

_____
(Signature of) Complainant

_____
Date

For University Use Only

Complaint taken/received by:

_____
(Signature of) Representative

_____
Date