

FORMAL TITLE IX COMPLAINT FORM

Complainant's Name: _____
(NOTE: If completing on behalf of someone else, please put *alleged victim's* name.)

Complainant's Phone Number: _____ Email: _____

Alleged Respondent's Name: _____

Alleged Respondent's Contact Information (if known): _____

Witness(es): (If needed, attach list of additional witnesses.)

Name: _____ Contact Information: _____
Name: _____ Contact Information: _____
Name: _____ Contact Information: _____

Date of Incident(s): _____

Location(s): _____

Please provide a description of the conduct alleged to be in violation of Title IX: (Attach additional information as needed.)

Please identify any supportive/interim measures needed/requested at this time, if any:

I state that the foregoing information is true and correct, and I understand that knowingly reporting false information could be subject to discipline.

Signature of Complainant/Reporting Party

Date

Signature of Title IX Coordinator
(If completing form on behalf of Complainant)

Date

----- **THIS PORTION TO BE COMPLETED BY THE TITLE IX COORDINATOR** -----

Date Received: _____ Investigator Assigned (if applicable): _____

Date Supportive Measures Offered: _____

Supportive Measures Provided: _____
