



## TITLE IX COMPLAINT FORM

*All information on this form will be kept strictly confidential. Please be as specific as possible when answering the questions below. This complaint form will be sent to the TITLE IX COORDINATOR. Someone from the TITLE IX office will contact you soon. If you are in immediate danger, please call 911 for assistance.*

Date reported: \_\_\_\_\_ Time reported: \_\_\_\_\_

Date of incident: \_\_\_\_\_ Time of incident: \_\_\_\_\_

Location of incident (be *extremely specific*): \_\_\_\_\_

Your full name: \_\_\_\_\_ Student ID# (filled out by TITLE IX) \_\_\_\_\_

Home address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Street address City State Zip

Email address: \_\_\_\_\_ Phone #: \_\_\_\_\_

### NATURE OF THIS REPORT:

- Sexual Violence     Stalking     Sexual Harassment     Harassment based on Gender  
 Harassment based on sexual orientation     Quid-Pro Quo     Unwanted advances

### ATTACHMENTS (IF ANY):

- None     Pictures/Video     Witness Statements     Evidence     Other

Suspect's name or description: \_\_\_\_\_

Is this a currently enrolled student?    YES     NO     UNKNOWN

Suspect's vehicle description or clothing worn at time of incident: \_\_\_\_\_

Witness name or description: \_\_\_\_\_

Witness email address or phone # (if available): \_\_\_\_\_



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**PLEASE DESCRIBE THE INCIDENT IN DETAIL (ATTACH ADDITIONAL PAGES IF NECESSARY):** \_\_\_\_\_

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**DESCRIBE HOW YOU FELT ABOUT THE INCIDENT (ATTACH ADDITIONAL PAGES IF NECESSARY):** \_\_\_\_\_

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**CORRECTIVE ACTION REQUESTED:** \_\_\_\_\_

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**VICTIM/REPORTING PARTY SIGNATURE:** \_\_\_\_\_

**TITLE IX DEPUTY/COORDINATOR SIGNATURE:** \_\_\_\_\_

