Title IX Formal Complaint Form

Name of Complainant: _______________________________________________________

J-Number: ________________________________________________________________

Classification: ____________________________________________________________

Email: ________________________________________________________________

________________________________________________________________________

Home Address    City/State/Zip     Phone No.
________________________________________________________________________

Name of Respondent (person being accused): _______________________________

Nature of Complaint: Please describe the action(s) you believe may be sexual harassment,including complaints of sexual violence, in violation of Title IX and identify with reasonable particularity any person(s) you believe may be responsible. Please attach additional sheets, if necessary:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

☐ See additional page(s) attached to this Complaint Form
When did the actions described above occur: ________________________________

Are there any witnesses to this matter: ☐ Yes ☐ No

If yes, please identify the witness(es):

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Did you discuss this matter with any of the witnesses identified in Item 5?

☐ Yes ☐ No

If yes, please identify:


Please describe and/or attach any evidence you have that is relevant to your complaint.

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

I certify that the foregoing information is true and correct.

_________________________ _____________________________  ___________
Print Name    Signature     Date