



## 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:

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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):

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**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.**

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**I certify that the foregoing information is true and correct.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date