

TITLE IX REPORT/COMPLAINT FORM

First Name

Middle Initial

Last Name

Address

Phone Number

Email

Affiliation (please choose one):

Staff Faculty Student Contractor/Vendor Guest Other

Basis For Complaint: Harassment or Discrimination based on (please check all that apply):

Race/Color Disability Athletic Age
 Sex Pregnancy Retaliation Religion/Creed
 Sexual Orientation Sexual Harassment National Origin Veteran's Status
 Marital Status Ancestry Gender Identity/
Gender Expression Other (please specify) _____

Compliant Against

Name

Date of Action/Incident

Affiliation (please choose one):

Staff Faculty Student Contractor/Vendor Guest Other

Specific Allegation: Specify what happened in chronological order to the best of your ability. Please include dates, times, names, and phone numbers of any witnesses or others who can corroborate your allegations:

What steps, if any, have you taken to date to resolve this complaint? (please indicate names and dates)

What do you see as a remedy to your complaint?