

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. Somebody from the Title IX office will contact you soon. If you are in immediate danger, please call 911 for help.

Date Reported: _____ Time Reported: _____

Date of Incident: _____ Time of Incident: _____

Location of Incident (be very specific): _____

Your full name: _____ Student ID#: _____

Home Address: _____ Phone #: _____

Email Address: _____

Nature of this report:

- Sexual Violence Stalking Harassment based on Gender Sexual Harassment
 Harassment based on Sexual Orientation

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):

Describe how you felt about the incident (attach additional pages if necessary):

Corrective Action Requested:

Victim/Reporting Party Signature _____

Title IX Deputy/Coordinator Signature: _____