

Title IX Complaint Form

Name: _____ SID#: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Date(s) of incident upon which complaint is based: _____

If applicable, I believe my educational access has been adversely affected in the following manner:

- Title IX:
- Sexual Assault Sexual Battery Other: _____
- Sexual Misconduct Stalking
- Witness to a Title IX violation
- Other

A statement of the allegations must be attached to this form at the time of submission. The statement of grievance must contain a clear and concise statement of the circumstances involved, provision(s) allegedly violated, supporting facts, and alleged perpetrators. Any supporting documentation which corroborates the facts presented should also be included.

Complainant's Signature: _____ Date: _____

For Title IX Office Use ONLY

Meeting with student and person the grievance was filed against should be scheduled within ten (10) instructional days of Statement of Grievance being received.

Meeting held on: _____

Outcome of Meeting:

Referrals Made:

Title IX Investigator Signature: _____ Date: _____