

**FORMAL TITLE IX COMPLAINT FORM**

Complainant's name: \_\_\_\_\_

*(NOTE: If filing on behalf of someone else, please put alleged victim's name)*

Complainant's Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Reporting Party's name and contact information: \_\_\_\_\_

Alleged Respondent's name: \_\_\_\_\_

Alleged Respondent's Contact Information *(if known)*: \_\_\_\_\_

Witness(es):

Name: \_\_\_\_\_ Contact Information: \_\_\_\_\_

Name: \_\_\_\_\_ Contact Information: \_\_\_\_\_

Name: \_\_\_\_\_ Contact Information: \_\_\_\_\_

*(Use additional paper to identify any additional witness if needed)*

Date of Incident(s): \_\_\_\_\_ Location(s): \_\_\_\_\_

Please provide a description of the conduct alleged to be in violation of Title IX:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(Use additional paper if needed)*

Please identify any supportive/interim measures needed/requested at this time, if any:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I state that the foregoing information is true and correct, and I understand that knowingly reporting false information could subject be to discipline.

\_\_\_\_\_  
Signature of Complainant/Reporting Party

\_\_\_\_\_  
Signature of Title IX Coordinator  
*(if completing form on behalf of Complainant)*

-----*THIS PORTION TO BE COMPLETED BY TITLE IX COORDINATOR*-----

Date Received: \_\_\_\_\_ Investigator Assigned (if applicable): \_\_\_\_\_

Date Supportive Measures Offered: \_\_\_\_\_

Supportive Measures Provided:

\_\_\_\_\_  
\_\_\_\_\_