

NEW FORM - SPECIAL UPDATE – SEPTEMBER - 2020

FORMAL COMPLAINT OF SEXUAL HARASSMENT AND REQUEST TO INVESTIGATE (TITLE IX)

Name of Complainant: _____ Date of Report: _____

Position (Employee) or Grade Level (Student) of Complainant: _____

Date(s) of Alleged Sexual Harassment: _____

Location(s) of Alleged Sexual Harassment: _____

Name of Alleged Harasser: _____

Position (Employee) or Grade Level (Student) of Alleged Harasser: _____

General Description of the Incident(s): _____

Names of Witness(es), if any: _____

Signature of Complainant

Date

Signature of Title IX Coordinator

Date Received Complaint