



## TITLE IX DISCRIMINATION FORMAL COMPLAINT FORM

Title IX of the Education Amendments of 1972 (20 U.S.C. § 1681) is a federal law that prohibits discrimination based on the sex of students in educational institutions that receive federal financial assistance. **When this formal complaint form has been completed and signed by the Complainant, the Title IX Coordinator will promptly and confidentially contact you with information about the next steps.**

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**Complainant:** An individual who is alleged to be the victim of sexual harassment.

**Respondent:** An individual who is alleged to be the perpetrator of sexual harassment.

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### COMPLAINANT PERSONAL INFORMATION (Please Print):

Name \_\_\_\_\_ Email \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone Numbers: (Cell) \_\_\_\_\_ Work \_\_\_\_\_

If Student, School or Campus Name: \_\_\_\_\_ Grade: \_\_\_\_\_

If Employee, Office or Department Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

### **Type of Complaint:**

Discrimination based on: (Check all that apply)

- ☐ Sexual Harassment ☐ Sexual Assault ☐ Gender Based Harassment  
☐ Dating Violence Stalking ☐ Retaliation ☐ Cyber Bullying ☐ Other

**Date(s) Incident Occurred:** \_\_\_\_\_

(CONTINUE TO NEXT PAGE)

**RESPONDENT INFORMATION:** Please list the individual(s) alleged to have engaged in sexual harassment/prohibited conduct:

**Name:** \_\_\_\_\_

**School/Department:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**School/Department:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**School/Department:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**School/Department:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**School/Department:** \_\_\_\_\_

**DETAILED DESCRIPTION OF ALLEGED CONDUCT:** Please provide a detailed description of the conduct alleged that you believe constitutes sexual harassment/prohibited conduct:

[illegible]

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**Informal Resolution:** Are you interested in the system's voluntary resolution process?  
(Please check) ☐ Yes or ☐ No

Signature of Complainant or Title IX Coordinator

Date