



TITLE IX COMPLAINT FORM

Your Name: _____ Date: _____

Address: _____

Phone: _____ Email: _____

Date of Alleged Incident(s): _____

Name of Person(s) you have a complaint against: _____

List any witnesses that were present: _____

Where did the incident(s) occur?

Please describe the events or conduct that are the basis of your complaint by providing as much factual detail as possible (i.e., specific statements and conduct; what, if any, physical contact was involved; any verbal statements; etc.) (Attach additional pages, if needed):

I hereby authorize the school to disclose the information I have provided as it finds necessary in pursuing its investigation. I hereby certify that the information I have provided in this complaint is true and correct and complete to the best of my knowledge and belief. I further understand that providing false information in this regard could result in disciplinary action up to and including termination or expulsion from the School.

Signature of Complainant Date: _____

Print Name

To be Completed by the School:

Received by: _____ Date: _____

Follow up meeting with complainant held on: _____