

CONFIDENTIAL TITLE IX DISCRIMINATION COMPLAINT FORM

Affiliation

If other, please explain:

COMPLAINANT:

Last Name

First Name

MI

Address

Work Telephone

Home Telephone

NATURE OF COMPLAINT:

If other, please explain:

PERSON WHO DISCRIMINATED AGAINST YOU:

Name

Title

Department

DESCRIPTION OF COMPLAINT: Describe your complaint and why you believe this person discriminated/retaliated against you. Explain why you have contact with this individual, e.g. supervisor, co-worker, faculty, customer, etc. Give date(s), time(s), place(s) the discrimination/retaliation occurred. (Attach additional pages as necessary.) **ATTACHMENT:**

PREVIOUS ACTION: Have you brought this matter to the attention of any other department(s) at the university? If so, please list the name(s) and department(s) of all other persons with whom you have discussed this matter. **ATTACHMENT:**

COMPLAINT DOCUMENTATION: Explain any documentation supporting your complaint. **ATTACHMENT:**

CORRECTIVE ACTION SOUGHT: (Attach additional pages as necessary.) **ATTACHMENT:**

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WITNESSES: (Relationship= Co-Worker, Employee, Parent, Student, etc.)

Name Title/Relationship Telephone

Name Title/Relationship Telephone

Name Title/Relationship Telephone

DECLARATION:

I declare under penalty of perjury that the foregoing is true and correct. Your email address in lieu of your signature if this complaint is filed via email.

Signature Print Name Date