**COMPLAINT OF TITLE IX VIOLATION Complaint No.**

Name of Alleged Victim

Complaint Filed By (check one) Alleged Victim/Student

 Parent/Guardian/name:

 Title IX Coordinator/name:

Name(s) of Other Alleged Victim(s) if any

Name(s) of Alleged Harasser(s)

Name(s) of Alleged Witness(es)

Date of Alleged Title IX Sexual Harassment/Retaliation

(If complaint not filed by alleged victim, state date of discovery of alleged conduct by filing party)

Description of alleged Title IX Sexual Harassment/Retaliation (Must include specific act(s), circumstances, date/time, other details supporting complaint. Separate statement may be attached.)

Additional Information (Should include all other information known which may assist in investigation, such as how and when complainant learned of reported facts, names of other persons who may have related information, etc. Separate statement may be attached.)

By signing below this Complaint, I acknowledge receipt of the Title IX Grievance Procedures and my right to file this Complaint. Further, I understand that the information I have provided will be shared with the person I have identified as the harasser. I will cooperate with the Title IX Coordinator regarding the investigation of this Complaint. I have been offered supportive measures.

Signature of Complainant\_ Phone No.

Printed Name of Complainant Email

Signature of Title IX Coordinator Date/Time Received\_