

# TITLE IX: INITIAL COMPLAINT FORM

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Complainant Last Name:	Complainant First Name:	Telephone:	
Address: (No. and Street):	City:	State:	Zip:
Today's Date:	Date(s) of alleged incident(s):		
Name(s) of person or persons you believe sexually harassed or discriminated against you:			
List any witness name(s):			
List Where the incident(s) occurred:			
Describe the incident(s) as clearly as possible, including such things as: what force or physical contact, if any, was used, any verbal statements such as threats, requests, demands, etc., what response(s) did you give; attach additional pages if more space is needed			
<b>SIGNATURES</b>			
This complaint was filed based on my honest belief that _____ has sexually harassed and/or discriminated against me. I hereby verify that the information provided in this complaint is true, correct and complete, to the best of my knowledge and belief.			
Complainant Signature		Date signed	
Received by (Name / Title and Signature)		Date signed	