

Complaint/Allegation Form

TITLE IX FORMAL COMPLAINT

My name is _____ . I am a **student/employee or my child is a student**
at _____ .

_____ sexually harassed me/my child on or about (Date/Time)

_____ at (location) _____ .

ALLEGATIONS

I am requesting to meet with my schools Title IX Coordinator/Investigator to discuss these allegations.

Name: _____

Signature: _____

Office Use Only: Date Complaint/Allegation Form Received: _____

Form Received by: _____