



TITLE IX GRIEVANCE FORM

Today's Date: _____

Complainant's Name(s) _____
Last Name First Name Middle Initial

Campus Address: _____

Home address: _____

City _____ State _____ Zip Code _____

Telephone Number _____ Email Address _____

Circle One:

Student Employee Parent on behalf of student Other on behalf of student/employee

1. Respondent. Name: _____ Status: _____

Address (if known): _____

Contact Information: _____

2. Specifics of Complaint. Describe below, including any dates of alleged discrimination.

3. Witnesses. Include names, status, and contact information.

4. Corrective Action. If you wish, please describe any corrective action you would like to see taken with regard to the alleged misconduct. Attach an extra page if necessary.

Signature of Complainant

Signature of Title IX Coordinator