Title IX Complaint Form

Name of person filing this complaint:

Last Name: _____ First Name: _____

Address:

_____

City: _____ State: _____

Zip Code: _____ Home Telephone: _____

Work Telephone: _____

E-mail Address: _____

Name of person discriminated against (if other than person filing). If the person discriminated against is age 18 or older, we will need that person's signature on this complaint form before we can proceed with this complaint. If the person is a minor, and you do not have the legal authority to file a complaint on the student's behalf, the signature of the child's parent or legal guardian is required.

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____

Zip Code: _____ Home Telephone _____

Work Telephone: _____

E-mail Address: _____

Date in Which the Violation Occurred: _____

Describe the Violation:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Signature:

_____

Date: _____