FORMAL COMPLAINT FORM FOR TITLE IX SEXUAL MISCONDUCT

Complainant Name: _____
Date Reported: _____ Time Reported: _____

What happened?

_____
_____
_____
_____
_____
_____
_____

When did it happen?

_____

Where did it happen?

_____

Who was involved?

_____

Name (s) and Grade(s) of Alleged Victim(s):

_____

Name(s) and Grade(s) of the Alleged Perpetrator(s):

_____

Witnesses:

_____
_____

Is there anyone else who could provide more information regarding this complaint? Please provide first and last names:

_____
_____

Complainant Signature: _____
Date:_____

Name of Person Receiving Complaint:

_____

Receiving Signature: _____
Date:_____