



**GRIEVANCE FORM TO REPORT SEXUAL MISCONDUCT,
DISCRIMINATION OR HARASSMENT (TITLE IX)**

Person making the complaint			
Name:		Date:	
Address:			
City:	State:	Zip Code:	
Day Phone:		Alt. Phone:	
Email:			

Person who is accused of sexual misconduct/discrimination/harassment*			
Name:		Date(s) of Incident:	
Address:			
City:	State:	Zip Code:	
Day Phone:		Alt. Phone:	
Email:			
*If you do not know all the requested information, you can still complete this form.			

Describe alleged act(s) with name(s), date(s), time(s) and location(s) if possible. If additional space is needed, use reverse side of paper or attach additional sheets.

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Basis of Sexual Misconduct/Discrimination/Harassment (Check all that apply)					
Race/Color		Sexual Misconduct		Gender	
Disability		National Origin/Creed		Veteran Status	
Height/Weight		Retaliation		Other: _____	

To the best of your knowledge, was the alleged behavior witnessed by any other person/people? If yes, please list names and contact information	Yes		No	

If alleging misconduct, did you take any action to stop it? If yes, please summarize the action taken	Yes		No	

Printed Name _____

Signature: _____ Date: _____

For office use only	
Received by (Printed Name)	
Signature:	Date: