

**COMPLAINT FORM REGARDING SEXUAL HARASSMENT UNDER TITLE IX
(PERSONNEL)**

Name of the complainant _____

Date of the complaint _____

Date of the alleged sexual harassment _____

Name(s) of the sexual harasser(s) _____

Location where such sexual harassment occurred _____

Name(s) of any witness(es) to the sexual harassment _____

Detailed statement of the circumstances constituting the alleged sexual harassment

Remedy requested _____

Signature of Complainant or Title IX Coordinator: _____

**COMPLAINT FORM REGARDING SEX DISCRIMINATION
(OTHER THAN SEXUAL HARASSMENT UNDER TITLE IX)
(PERSONNEL)**

Name of the complainant _____

Date of the complaint _____

Date(s) of the alleged sex discrimination _____

Name(s) of the sex discriminator(s) _____

Location where such sex discrimination occurred _____

Name(s) of any witness(es) to the sex discrimination _____

Detailed statement of the circumstances constituting the alleged sex discrimination

Remedy requested _____

Signature: _____