

Sexual Violence Title IX Complaint Form –Page 2

G. LIST ANY OTHERS WITH KNOWLEDGE OF THE INCIDENT(S):

H. DESCRIPTION OF COMPLAINT

Please list the sequence of events, including dates, if possible, along with any relevant facts, statements and/or evidence currently known to you.

(If additional writing space is needed, please attach additional sheets.)

To the best of my knowledge and belief, the above information is complete, true, accurate and not a “false charge” as defined under the Title IX Plan; I hereby submit this complaint under the University’s Title IX Complaint Investigation and Resolution Procedure.

(Signature of Complainant)

(Date)

Received By: _____

Date: _____