

Title IX Formal Complaint Form

The Title IX Coordinator will coordinate the response of the University when it has actual knowledge of a complaint of sexual harassment in an education program or activity of the University against a person in the United States. The Title IX Coordinator will promptly contact the person who made the report (known as the complainant) to discuss the availability of supportive measures, consider the complainant's wishes in regard to supportive measures, inform the complainant that supportive measures are available without a formal complaint, and explain the process of filing a formal complaint.

When a formal complaint is filed with the Title IX Coordinator the University will engage the policies and practices detailed in the UVF Grievance Procedures for Title IX.

- A formal complaint means a document filed by a complainant or signed by the Title IX Coordinator alleging sexual harassment against a respondent and requesting that the university investigate the allegation of sexual harassment.
- A document filed by a complainant means a document or electronic submission (such as by electronic mail or through an online portal provided for this purpose by the University) that contains the complainant's physical or digital signature, or otherwise indicates that the complainant is the person filing the formal complaint.

Instructions: Individuals alleging Title IX discrimination and requesting review are required to complete this form and submit it to the Title IX Coordinator as soon as possible after the occurrence of the alleged discrimination:

1. **Name of Complainant:** _____

Home Address	City/State/Zip	Home Phone
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Residence Hall (if applicable):	Room Number (if applicable):
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2. **Nature of Grievance:** Please describe the action you believe may be sex discrimination, including complaints of sexual harassment or sexual violence, in violation of Title IX and identify with reasonable particularity any person(s) you believe may be responsible. Please attach additional sheets if necessary:

For Title IX Office Use:
Received by: _____
Meeting scheduled: _____

Date received: _____
Determination made: _____

3. When did the actions described above occur?

4. Are there any witnesses to this matter? (Check one): Yes No

If yes, please identify the witnesses:

5. Did you discuss this matter with any of the witnesses identified in item 4?

(Check one): Yes No

If yes, please identify:

Person to whom you have spoken: _____ Date: _____

Method of communication:

6. Have you spoken to any administrator(s) or faculty or staff members about this matter?

(Check one): Yes No

If yes, please identify:

Person to whom you have spoken: _____ Date: _____

Method of communication:

7. Please describe the result of the discussion(s) identified in item 6:

Please attach any statements, names of witnesses, reports, or other documents which you feel are relevant to your complaint.

I certify that all the foregoing information is true and correct.

Print Name

Signature

Date

For Title IX Office Use:

Received by: _____

Date received: _____

Meeting scheduled: _____

Determination made: _____