



This form may be used to report sex discrimination, sexual harassment (including sexual assault, domestic violence, dating violence, and stalking), or retaliation, as defined in the University's Title IX Procedures. This form should not be used to report an ongoing emergency situation. In the event of an emergency, please contact 911.

Today's Date: _____

Reporting Party's Information:

Name(s) of Reporting Party(ies)

Campus Attended – Choose One:

- Hialeah
- South
- Training Center
- Distance Learning

Home address: _____

City _____ State _____ Zip Code _____

Telephone Number _____ Email Address _____

Reporting Party is- Choose One:

- Student
- Employee
- Parent on behalf of student
- Other on behalf of student/employee

Complainant's Information

Check here if the Reporting Party is also the complainant (the person experiencing the misconduct) and skip to the Respondent's Information.

If the Reporting Party is not the complainant, please enter the following information for the complainant:

Last Name, First Name, Middle Initial _____

Campus Attended – Choose One:

- Hialeah
- South
- Training Center
- Distance Learning

Home address: _____

City _____ State _____ Zip Code _____

Telephone Number _____ Email Address _____

Complainant is – *Choose One*:

- Student
- Employee
- Parent on behalf of student
- Other on behalf of student/employee

Respondent's Information:

(The Respondent is the person who perpetrated or is responsible for the misconduct being reported.)

Respondent Name: _____

- Status: Student Employee

Respondent Address (if known):

Respondent Contact Information (if known): _____

Complaint Description:

(Attach an extra page if necessary)

Specifics of Complaint.

Describe the alleged discrimination/harassment including dates, times, locations, and relevant details.

Evidence

List any potential evidence to support the complaint (i.e., text messages, photos, medical records, etc.)

Witnesses

If applicable, include names, contact information and status with FNU (student or employee) of any witnesses to the alleged discrimination/harassment.

Corrective Action Requested.

If you wish, please describe any corrective action you would like to see taken with regard to the alleged misconduct.

X _____
Complainant's Signature

X _____
Title IX Coordinator/Deputy Signature