**Title IX Complaint Form**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please Check the Applicable Box: I am a □ Student □ Faculty Member □ Staff Member

Employee ID (If Applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student ID (If Applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you brought this matter to the attention of anyone else at the University? If so, please list the names of the other individuals to whom you have discussed this matter.

Complaint: Please summarize your complaint below including date, time, place, and specific behavior that would indicate a Title IX violation. You may attach additional pages if necessary to describe your complaint.

Please provide the name(s) of the individual(s) you allege committed the offense(s) described in your complaint. For each individual identified, please state your relationship with the individual (*i.e.*, whether the individual is a student, faculty member, staff member, etc.)

Please describe the corrective action you are seeking from QU. If necessary, please attach additional pages to describe the corrective action.

Please provide the name(s) and telephone number(s) of each witness with information regarding your complaint. For each witness, please state if the witness is a student, faculty member, staff member, or third-party.

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS TITLE IX COMPLAINT IS TRUE AND CORRECT.

Complainant Signature Date

Form Completed by (if applicable) Date

**Respondent Section**

My signature below confirms only that I have received a copy of this Title IX Complaint and Quincy University’s Title IX policy.

Respndent Signature Date