

TITLE IX: INITIAL COMPLAINT FORM

DCF-2124

8/09 (Rev.)



Complainant Last Name:		Complainant First Name:		Telephone:	
Address: (No. and Street):		City:		State:	Zip:
Today's Date:		Date(s) of alleged incident(s):			
Name(s) of person or persons you believe sexually harassed or discriminated against you:					
List any witness name(s):					
List Where the incident(s) occurred:					
Describe the incident(s) as clearly as possible, including such things as: what force or physical contact, if any, was used, any verbal statements such as threats, requests, demands, etc., what response(s) did you give; attach additional pages if more space is needed					
SIGNATURES					
This complaint was filed based on my honest belief that _____ has sexually harassed and/or discriminated against me. I hereby verify that the information provided in this complaint is true, correct and complete, to the best of my knowledge and belief.					
Complainant Signature				Date signed	
Received by (Name / Title and Signature)				Date signed	