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**COMPLAINT FORM REGARDING SEXUAL HARASSMENT UNDER TITLE IX**

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This complaint form should be used for complaints of sexual harassment as defined on page 1 of the Board's Administrative Regulations regarding the Prohibition of Sex Discrimination and Sexual Harassment.

Name of complainant: \_\_\_\_\_

Date of complaint: \_\_\_\_\_

Date of the alleged discrimination/harassment: \_\_\_\_\_

Name(s) of the discriminator(s) or harasser(s): \_\_\_\_\_

Location where such discrimination/harassment occurred: \_\_\_\_\_

Name(s) of witness(es) to the discrimination/harassment: \_\_\_\_\_

Detailed statement of the circumstances constituting the alleged discrimination or harassment:  
(If additional space is needed, please use a blank page.)

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Remedy requested: \_\_\_\_\_

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Signature of Complainant *or*  
Title IX Coordinator: \_\_\_\_\_