



Office of Equal Opportunity/Title IX

TITLE IX SEX HARASSMENT & DISCRIMINATION - FORMAL COMPLAINT FORM

Name of person filing complaint: _____

Address: _____

Phone: _____

E-mail: _____

Student ID: _____ Academic Year: _____

Employee ID: _____ Position: _____

I am filing this Complaint as (please check one):

- Student Staff Faculty Other (please specify) _____

Name of person or persons who engaged in the alleged conduct giving rise to your Complaint and your relationship to them, if any (e.g. classmate, teammate, supervisor, co-worker, faculty):

Date of alleged conduct: _____

Location of alleged conduct: _____

Please describe the alleged conduct giving rise to your complaint. Attach additional pages if necessary:

Please provide the names and contact information of anyone who may have witnessed the alleged conduct. Attach additional pages if necessary:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

If you have reported these allegations to another nonconfidential office at SCSU, please list the name and number of those offices:

Name _____

Telephone Number _____

You have the right to be represented by an advisor during the complaint process. The advisor may be an attorney, but it does not have to be. If an attorney or other advisor will represent you in presenting your complaint, please identify the person and provide the contact information below. If the person is unknown at this time, you may provide this information at a later time.

Name _____

Address _____

Telephone Number _____

Email Address _____

Are you requesting that South Carolina State University investigate allegation(s) of sex harassment and/or discrimination under its Title IX grievance procedures?

Yes No

Signature/Print Name

Date

INFORMATION BELOW TO BE COMPLETED BY TITLE IX COORDINATOR OR DESIGNEE

Complaint Intake By:

Print Name

Date

Signature