

Allegation Continued:

Witnesses: List the name and contact information of each witness. Indicate what information they will contribute to your complaint.

<u>Name</u>	<u>Phone</u>	<u>Expected Contribution to Your Complaint</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Remedy or Resolution: What specific action do you want taken on your complaint.

Your signature below confirms that you understand the following:

- The importance of confidentiality in the investigation process. Specifically, you will not discuss the complaint or the contents of your interview.

Signature of Complainant

Date Signed

Persons found to knowingly report false allegations will be subject to disciplinary action.

A copy of this form will be distributed to the Title IX Compliance Officer.