

**NONDISCRIMINATION ON THE BASIS OF SEX
GRIEVANCE/COMPLAINT FORM**

(To be filed with the Title IX compliance officer as provided in ACA-R)

Please print:

Name: _____ Date: _____

Address: _____

Telephone: _____ Secondary Phone: _____

Best time to be reached: _____

E-mail address: _____

I wish to complain against:

Name of person, school (department), program, or activity:

Address: _____

Specify your complaint by stating the problem as you see it. Describe the incident, the participants, the background to the incident, and any attempts you have made to solve the problem. Be sure to note relevant dates, times, and places.

Date of the action against which you are complaining: _____

If there is anyone who could provide more information regarding this, please list name(s), address(es), and telephone number(s).

Name Address Telephone Number

The projected solution

Indicate what you think can and should be done to solve the problem. Be as specific as possible.

I certify that this information is correct to the best of my knowledge.

_____ Signature of Complainant

The compliance officer, as designated in ACA, shall give one (1) copy to the complainant and shall retain one (1) copy for the file.