



Today's Date: _____

Complainant's Information:

Complainant's Name(s) _____

Last Name, First Name, Middle Initial

Campus Attended – Choose One:

- Hialeah
- South
- Training Center
- Distance Learning

Home address: _____

City _____ State _____ Zip Code _____

Telephone Number _____ Email Address _____

Complainant is- *Choose One:*

- Student
- Employee
- Parent on behalf of student
- Other on behalf of student/employee

Respondent's Information:

Respondent Name: _____

- Status: Student Employee

Respondent Address (if known): _____

Respondent Contact Information: _____

Complaint Description:

(Attach an extra page if necessary)

Specifics of Complaint.

Describe the alleged discrimination including dates, times, locations, and relevant details.

Witnesses.

Include names, contact information and status with FNU (student or employee).

Corrective Action Requested.

If you wish, please describe any corrective action you would like to see taken with regard to the alleged misconduct.

X

Complainant's Signature

X

Title IX Coordinator/Deputy Signature