

Date Filed:

A. Name:

violence toward you:

F. LIST ANY WITNESSES:

Sexual Violence Title IX Complaint Form

Date of Alleged Incident:

This form is used to report information necessary to initiate an investigation of alleged, sexual or gender-based harassment, domestic or dating violence, stalking, or retaliation pursuant to the University's Equal Opportunity, Diversity, and Affirmative Action Plan (the "EO Plan") and/or the Student Code of Conduct. All reasonable efforts will be made to maintain the involved parties' confidentiality during the investigation and resolution procedure.

It is unlawful to retaliate against a student, employee, or any other person affiliated with the University for filing a complaint or for cooperating in an investigation of a complaint.

All parties to a complaint may have a personal advisor (for union employees this may be a union representative) assist them throughout the process in accordance with the Sexual Violence Policy, the Student Code of Conduct and applicable collective bargaining agreements.

B.	Check One:	Student		Employee	Other: [Describe relationship to WSU]
C.	Contact Information	on:			
Phone:				Email:	
Hor	ne Address:				
Can	npus Address:				
	npus Address: Type of Alleged Di	scrimination or D	iscrimi	natory Harassme	nt:
D.	•			<u>-</u>	nt:
D.	Type of Alleged Di			<u>-</u>	ıt:
D.	Type of Alleged Di	SSMENT (CHECK AL		APPLY)	nt:
D.	Type of Alleged Di E OF ALLEGED HARA Rape	SSMENT (CHECK AL		APPLY) Statutory Rape	
D.	Type of Alleged Di E OF ALLEGED HARA Rape Sexual Harassment	SSMENT (CHECK AL		APPLY) Statutory Rape Incest	
D.	Type of Alleged Di E OF ALLEGED HARA Rape Sexual Harassment Domestic and/or Da	SSMENT (CHECK AL		APPLY) Statutory Rape Incest	
D.	Type of Alleged Di E OF ALLEGED HARA Rape Sexual Harassment Domestic and/or Da Hostile Environmen	SSMENT (CHECK AL		APPLY) Statutory Rape Incest	

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G.	LIST ANY OTHERS WITH KNOWLEDGE OF THE INCIDENT(S):
Н.	DESCRIPTION OF COMPLAINT Please list the sequence of events, including dates, if possible, along with any relevant facts, statements and/or evidence currently known to you.
	(If additional writing space is needed, please attach additional sheets.)
cha	the best of my knowledge and belief, the above information is complete, true, accurate and not a "false arge" as defined under the Title IX Plan; I hereby submit this complaint under the University's Title IX mplaint Investigation and Resolution Procedure.
	(Signature of Complainant) (Date)
Rece	eived By: Date: