

EXHIBIT **EXHIBIT**

SEXUAL HARASSMENT
NONDISCRIMINATION ON THE BASIS OF SEX

COMPLAINT FORM
GRIEVANCE 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.

