

SEXUAL HARASSMENT FORMAL COMPLAINT FORM

Complainant (alleged victim's) Name: _____

Complainant Contact Information: _____

Respondent (alleged perpetrator's) Name(s): _____

Respondent's Contact Information (if known): _____

Date(s)/Time(s)/Location(s) of Alleged Conduct: _____

Description of Alleged Conduct: _____

If signed by the Complainant

By signing this Formal Complaint, I am requesting that MidAmerica Nazarene University investigate the allegations discussed above and adjudicate them consistent with the University's Sexual Harassment Policy. I understand and agree that a copy of this Formal Complaint, including my identity, will be shared with the individual(s) I identified above as respondents.

Complainant's Signature

Date

Complainant's Name (printed)

If signed by the Title IX Coordinator

As MidAmerica Nazarene University's Title IX Coordinator, I have determined it is necessary that MidAmerica Nazarene University investigate the allegations raised herein and adjudicate them consistent with the University's Sexual Harassment Policy.

Title IX Coordinator's Signature

Date

Title IX Coordinator's Name (printed)