

UMBC Title IX Complaint Form

Complainant's Name _____ Date _____

Complainant's Address _____

Telephone Number _____ Cell (Not required) _____

Date of Alleged Violation _____

Location of Alleged Violation _____

Summary of Complaint (Attach the *Summary of Complaint Continuation Sheet* if necessary.)

Continue onto next page

Complainant's Signature _____ Date _____

Received By (Print Name) _____ Date _____

Title IX Coordinator's Signature _____ Date _____

