



Title IX Complaint Form

Title IX Coordinator: Roni Miller, [402.363.5717](tel:402.363.5717) ▪ titleix@york.edu

Directions: If you believe you or someone else has been sexually harassed or discriminated against, please fill out this form and submit it to the Title IX Coordinator.

Your Name: _____

You are: ☐ the victim of harassment or discrimination ☐ a witness ☐ a mandatory reporter (faculty/staff)

Address: _____

Phone Number: _____

1. Status: ☐ Student ☐ Staff ☐ Faculty ☐ Other (Specify): _____
2. Department (for employees): _____ Job Title: _____
3. Name of individual engaging in alleged harassment or discrimination: _____
4. Your relationship to the individual engaging in alleged harassment or discrimination:
☐ Co-Worker ☐ Supervisor ☐ Professor/Instructor ☐ Advisor ☐ Student
☐ Other (Specify): _____

5. Please describe, in as much detail as possible, the specific act(s) alleged. If additional space is needed, you may write on the reverse side of this form or attach a separate sheet(s):

6. Location(s) of alleged incident:

7. Date(s) and approximate time(s) of alleged incident:

8. Are there others who have witnessed this behavior, or others who experienced similar behavior by the individual named above? If so, please provide their name(s), indicate if they are a witness or an individual with similar experience, and provide their contact information (phone, email, address).

9. Do you want the alleged incident documented without investigation? ☐ YES ☐ NO

10. Do you want support measures? ☐ YES ☐ NO

Signed _____ Date _____