

Title IX Formal Complaint Form

Please complete the below information to the best of your knowledge. Once it is complete, submit the form to the Office of Title IX Initiatives in person at Cyert Hall, Suite 140, by email to TIX@cmu.edu, or mail to Title IX Coordinator, 5000 Forbes Ave., Cyert Hall, Suite 140, Pittsburgh, PA 15213.

Complainant Name _____ **Andrew ID:** _____

Contact Information:

Local address: _____

Phone: _____ Preferred email: _____

CMU Affiliation: Undergraduate Student (specify year) _____

Graduate Student (specify master's or PhD) _____

Faculty Staff Alumna/Alumnus Unknown Applicant

Not Affiliated Other (specify) _____

Department/School _____

Nature of Incident(s) (check all that apply)

Sexual Assault (*includes but not limited to: rape, sodomy, sexual assault with an object, fondling, incest, statutory rape*)

Sexual Exploitation Stalking Retaliation Violation of Protective Measures Dating Violence

Domestic Violence Sexual Harassment Undisclosed Other _____ I'm not sure

Date of Incident _____ **or is this concern ongoing?** _____ **Date of First Incident** _____

Location of Incident(s) (Check all that apply) _____

On-Campus Property On-Campus Residential Facility Off-Campus Academic or

Public Property CMU Branch Campus Administrative Building

Other Pittsburgh Location Outside of Pittsburgh Unknown or Unreported Location

Brief Description of Misconduct:

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Responding Party Name _____ **Andrew ID:** _____

CMU Affiliation: Undergraduate Student (specify year) _____

Graduate Student (specify master's or PhD) _____

Faculty Staff Alumna/Alumnus Unknown

Not Affiliated Other (specify) _____

Department/School _____

What is the best way for the Title IX office to contact you? _____

Any additional information you would like to receive before meeting with the Title IX Office?

Signature of Complainant

Date