

Institutional Equity and 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 for Institutional Equity and Title IX in person at 4615 Forbes Ave, Suite 330, by email to institutionalequity@cmu.edu, or mail to Title IX Coordinator, 4615 Forbes Ave, Suite 330, 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 Discrimination Based on Protected Class 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 Administrative Building
- Public Property CMU Branch Campus
- 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 Institutional Equity and Title IX office to contact you? _____

Any additional information you would like to receive before meeting with the office?

Signature of Complainant

Date