

**COMPLAINT FORM REGARDING SEX DISCRIMINATION
AND SEXUAL HARASSMENT (STUDENTS)**

Name of the complainant: _____

Date of the complaint: _____

Date of the alleged discrimination/harassment: _____

Name or names of the alleged discriminator(s) or harasser(s):

Location where such alleged discrimination/harassment occurred:

Name(s) of any witness(es) to the alleged discrimination/harassment.

Detailed statement of the circumstances constituting the alleged discrimination or harassment

Remedy requested _____