



CASE NO. \_\_\_\_\_

### TITLE IX FORMAL COMPLAINT OF SEX DISCRIMINATION

**PURPOSE:** The purpose of the Title IX formal complaint process is to inform the University of allegations of sexual harassment, sexual violence and sex discrimination in violation of TITLE IX of the Education Amendments of 1972 (“TITLE IX”) so that the University may take appropriate action.

**INSTRUCTIONS:** Individuals alleging Title IX sexual harassment and requesting a review are required to complete this form and submit it to the Title IX Coordinator as soon as possible after the occurrence of the alleged harassment.

Full Name of Complainant: \_\_\_\_\_

Contact Information:

Telephone Number: \_\_\_\_\_ Cellular Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Respondent’s Name (If known to Complainant): \_\_\_\_\_

If Respondent’s name unknown, provide description of individual: \_\_\_\_\_

\_\_\_\_\_

Respondent’s Phone Number, if known: \_\_\_\_\_

Respondent’s Mailing Address, if known: \_\_\_\_\_

Respondent’s E-mail address, if known: \_\_\_\_\_

**Are you a:** \_\_\_\_\_ Student \_\_\_\_\_ Applied to become a student

\_\_\_\_\_ Employee \_\_\_\_\_ Applied to become an employee

T: +1 671.735.2244 F: +1 671.734.0430 TDD: +1 671.735.2243 E: [eeo-ada@triton.uog.edu](mailto:eeo-ada@triton.uog.edu)  
W: [www.uog.edu](http://www.uog.edu)

Mailing Address: 303 University Drive UOG Station Mangilao, Guam 96913

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EEO/ADA & TITLE IX OFFICE

What action(s) do you want the University to initiate to address your (Complainant's) allegations of sex discrimination against the Respondent (person responsible for the alleged inappropriate behavior)?

\_\_\_\_\_ Investigate the complaint

\_\_\_\_\_ Other (please specify)

Complainant's Signature: (print & sign): \_\_\_\_\_

Date: \_\_\_\_\_

*Note: Please attach all exhibits and/or evidence that will support the allegations made in this complaint.*

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