



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 sex discrimination in violation of Title IX of the Education Amendment of 1972 (TITLE IX), including but not limited to sexual harassment, sexual assault, sex offenses, domestic violence, dating violence, stalking, and inappropriate amorous relationships, so that the University may take appropriate action.

**INSTRUCTIONS:** Individuals alleging complaints of sex discrimination and requesting a review are required to complete this form and submit it to the Title IX Coordinator no later than *fourteen (14) calendar days* from the action or occurrence from which the Complainant's allegation of sex discrimination arose.

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

Contact Information:

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

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

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

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

If the 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: \_\_\_\_\_



EEO/ADA & TITLE IX OFFICE

Are you a: ☐ Student ☐ Applied to become a student  
☐ Employee ☐ Applied to become an employee

**State the specific form of sex discrimination the Complainant alleges:**

☐ sexual harassment ☐ sexual assault ☐ sex offenses  
☐ domestic violence ☐ dating violence ☐ stalking  
☐ inappropriate amorous relationship ☐ Other (specify) \_\_\_\_\_  
\_\_\_\_\_

**Nature of Complaint:** Please describe the action(s) you believe may be a form of sex discrimination as specified and identify with reasonable particularity and person(s) you believe may be responsible. Please attach additional sheet, if necessary:

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/ / See additional page(s) attached to this complaint form.

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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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State the specific allegations of sex discrimination against the Respondent including the dates, times, and locations of the events or occurrences giving rise to the allegations. [This is a detailed description of the incident that allegedly happened or occurred.] Please attach additional sheets, if necessary.

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

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

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

I certify that the information provided is true and accurate to the best of my knowledge.

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

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

**Note:** Please attach all relevant evidence that will support the allegation(s) made in this complaint.

**Acknowledge of Receipt of this Title IX Formal Complaint of Sex Discrimination document.**

\_\_\_\_\_  
Print and Sign

\_\_\_\_\_  
Date

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