

Formal Complaint Form

This is your Formal Complaint with the BYU Title IX Office. Included:

1. Formal Complaint which:
 - a. Identifies you (Complainant) and the party you allege discriminated against you (Respondent)
 - b. Identifies the types of discrimination that will be addressed by the BYU Title IX Office
 - c. Identifies your choice of resolution process – Informal Resolution or Investigation
 - d. Includes a signature line for you to complete to start the Title IX Grievance Process
2. Please follow the steps below to start the BYU Title IX Grievance Process
 - a. Review and sign the Formal Complaint form.
 - b. Return signed form to the BYU Title IX Office by email, mail, or hand delivery:

BYU Title IX Office
1085 Wilkinson Student Center, Provo UT, 84602
Email: title9@byu.edu
Phone: (801) 422-8692

Your Formal Complain is not filed until a signed complaint is received by our office.

1. Complainant:

Name: _____

Status: _____

Phone: _____

BYU ID#: _____

Employee: Yes No

Email: _____

Preferred Method of Contact: E-mail

Text Message

Phone

Other _____

2. Respondent

Name: _____

Status: _____

Phone: _____

BYU ID#: _____

Employee: Yes No

Email: _____

3. BYU Title IX Process being requested

- Informal Resolution Investigation

4. Type of Sexual Misconduct:

Sexual Harassment as defined by the BYU Sexual Harassment Policy covers a range of behaviors. See <https://policy.byu.edu/view/sexual-harassment-policy> to view policy in full with accompanying definitions.

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|--|--|---|
| <input type="checkbox"/> Sexual Harassment | <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Sex Discrimination |
| <input type="checkbox"/> Sexual Assault | <input type="checkbox"/> Fondling | <input type="checkbox"/> Rape |
| <input type="checkbox"/> Stalking | <input type="checkbox"/> Dating Violence | <input type="checkbox"/> Domestic Violence |

5. Description of Sexual Misconduct

By signing below, I affirm that I have been informed of the procedures, time constraints, and external avenues of redress that are available to me. I understand that my name and this complaint will be shared with the Respondent, and that I am expected to preserve and provide any relevant evidence to the investigator assigned to my case.

I affirm that I have read this Formal Complaint and the information I have provided is true to the best of my knowledge and belief.

Printed Name of Person Filing Complaint

Signature

Date