



Office of Title IX Coordination

Report of Possible Violation of Title IX Regulations

**Return the completed form to the Title IX office, 311A Slagle Hall.
This form must be received and signed in order to begin action on your report.**

Name(s), address, and contact information of reporting person(s):

Name: _____

Address/Residence all: _____

Department: _____

Phone: _____

Email: _____

Name(s), address, and contact information of accused person(s) :

Name: _____

Address/Residence Hall: _____

Department: _____

Phone: _____

Email: _____

Alleged Incident:

Sexual Harassment

Sexual Assault

Stalking

Relationship Violence

Other

Incident Overview:

Use the space below to describe the actions which you believe to be a violation of Title IX regulations. Provide details including dates and names. Be complete and specific. Add additional documents if necessary.

Provide the names and telephone numbers of witnesses to the incident (persons who have knowledge of relevant events and incidents).

Name: _____

Contact Information: _____

Name: _____

Contact Information: _____

Have you reported your concerns to others?

Yes

No

If yes, to whom did you report your concerns? _____

What action (if any) was taken after you had reported your concerns?

I am filing a complaint under the South Dakota Board of Regents Title IX complaint procedures 1.17. A copy of the procedure has been given to me and the process has been explained. I understand this form must be signed by the Title IX Coordinator in order to begin action on this report. I also understand reasonable effort shall be made to maintain confidentiality, but that in the course of the investigation, it may be necessary to disclose my identity, directly or indirectly.

Signature

Date

Report Received by:

Signature

Date