



Please complete this form to the best of your knowledge and submit the form the Title IX Coordinator at: TitleIX@msp.edu

Complainant Name: _____

Contact Information

Local Address: _____

Phone: _____

Email: _____

Affiliation to MSP:

- MA Student
- PsyD Student
- ABA Certificate Student
- Employee
- Not Affiliated

Nature of Incident(s):

check all that apply

- Sexual Assault (includes but is not limited to rape, sodomy, sexual assault with an object, fondling, incest, statutory rape)
- Stalking
- Retaliation
- Dating Violence
- Domestic Violence
- Sexual Harassment
- Retaliation
- Undisclosed
- Other _____
- I'm not sure

Date of Incident: _____

If this concern is ongoing, **date of first incident:** _____

Location of Incident(s):

check all that apply

- On-campus Property
- Off Campus/Public Property
- By Electronic Means
- Unknown or Unreported Location

Brief Description of Misconduct:

Responding Party Name:

Affiliation to MSP:

- MA Student
- PsyD Student
- ABA Certificate Student
- Employee
- Not Affiliated

What is the best way for the Title IX Coordinator to contact you? _____

Is there any additional information you would like to **receive** before meeting with the Title IX Coordinator?

Please sign and date below:

Signature of Complainant Date