



TITLE IX FORMAL COMPLAINT FORM

Title IX of the Education Amendments of 1972 (20 U.S.C. § 1681) is a federal law that prohibits discrimination based on the gender of students and employees of educational institutions which receive federal financial assistance. Title IX Sexual Harassment prohibits sexual discrimination in the form of sexual harassment, sexual assault, stalking, domestic violence, dating violence, and unauthorized distribution of sexual images or recordings.

This form complies with US Department of Education requirements; however, it is not the only way in which an individual may submit a formal complaint. The formal complaint must be in writing, and signed by the Complainant, however, can be in any form. If there is a procedural deficiency with any formal complaint form, the Title IX Coordinator will notify the Complainant of the deficiency and allow the correction of the formal complaint prior to filing.

When this form has been completed and signed by you, and then signed by the Title IX Coordinator, your complaint has been properly received and noted by the UCAS University of Cosmetology Arts & Sciences. The Title IX Coordinator will provide you with a copy of this form as well as complete information about the Title IX complaint process.

My current status at UCAS University of Cosmetology Arts & Sciences is:
(check appropriate box)

Student Instructor Staff Other

Name

Cell Phone Number

Current Mailing Address

Email address

Type of Title IX Sexual Harassment Experienced:

Sexual Harassment Sexual Assault Dating Violence Domestic Violence
 Stalking Unauthorized Distribution of Sexual Images or Recordings
 Unknown

Complaint:

Please describe your experience below, to include the date of the incident and the location of the incident. You may attach additional pages if necessary.

Name of the person or persons you allege violated the Title IX Sexual Harassment Policy and how you have contact with that person (for example- co-worker, faculty member, classmate, mutual friend, dating relationship).

Please provide the name and telephone number or other contact information for any witnesses you believe may be able to provide information about your complaint.

Name	Relationship to Complainant (if any)	Contact Information
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- | | | |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |

Additional witnesses may be provided on an additional page, if necessary.

I certify that the foregoing is true and correct to the best of my knowledge and belief

Signature

Date

Printed Name

For Title IX Coordinator/Designee

Formal complaint received by:

Signature

Date