

OEOP Use Only:
 Received Date: _____

Office of Equal Opportunity Program/Title IX

Foote-Hilyer Administration Center
 1700 Lee Hall Drive, Suite 308
 Tallahassee, Florida 32307
 Telephone: (850) 599-3076
 Fax: (850)561-2997

Sexual Misconduct Complaint Form

Form Instructions:

- Complete this form in its entirety, sign and date the final page, and return the form in person, by email, or via fax to the Office of Equal Opportunity Programs (OEOP).
- Attach additional pages and/or any supporting documentation, as needed, for questions 4 through 9.
- **If you have any questions, please call (850) 599-3076.**

_____ Check if filing on behalf of someone else.

Your Name & Telephone Number: _____

1. Complainant Information:

Name _____
 Phone # _____ Email Address _____
 Position Title _____ Department _____
 Student Classification _____ Major _____
 Employee/Student ID # _____
 Campus Location: _____ Main/Tallahassee _____ Other _____

2. Affiliation with FAMU:

_____ A&P _____ Faculty _____ USPS/Staff _____ OPS _____ Student
 _____ Applicant _____ Vendor _____ Visitor _____ Other: _____

3. What is the basis of this complaint? Check all applicable box(es)

Title IX Sexual Misconduct/Harassment:

- _____ Dating/Domestic Violence
 _____ Quid Pro Quo
 _____ Sexual Assault
 _____ Sexual Exploitation
 _____ Sexual Violence
 _____ Stalking
 _____ Other Sexual Misconduct: _____

4. Respondent Information (person(s) responsible for the alleged incident)

Name	Affiliation with FAMU	Department	Email Address	Phone Number

5. Witness Information (person(s) who have knowledge or information of the alleged incident)

Name	Affiliation with FAMU	Email Address	Phone Number

6. Date(s) the alleged incident occurred:

7. Provide a statement that details your account of the incident(s).

8. Have you previously reported the incident(s) you believe to be sexual misconduct? If so, please explain in detail when, to whom, and what you reported.

9. What remedy or resolution are you seeking?

Please submit any relevant evidence (emails, documents, text/IM messages, pictures, etc.) with this form.

I will advise the OEOP/Title IX if I change my address or telephone number. I will cooperate fully with Title IX Office in the processing of my complaint in accordance with its procedures. I understand that the completion of this form or the filing of discrimination, harassment, and/or retaliation complaint does not extend the time for filing a complaint with an outside agency, or in a court of law. My signature certifies that the above (and attached) statements are true and are an accurate representation of the alleged incident(s) of discrimination/harassment, sexual misconduct, and/or retaliation.

Complainant/Reporter's Signature

Date

Note: Upon receipt of this formal complaint form, the Title IX Office will contact the Complainant to schedule an interview.

Return Form To:

Email: Titleix@famu.edu

Address:

Office of Equal Opportunity Programs/Title IX
308 Foote-Hilyer Administration
1700 Lee Hall Drive
Tallahassee, FL 32307

Fax: (850) 561-2997