

## TITLE IX SEXUAL HARASSMENT COMPLAINT FORM

Any person participating in or attempting to participate (e.g., applicants) in an education program or activity of the University whether on or off campus including students, faculty, staff, applicants, all other members of the University community, and visitors may file a formal complaint of Title IX sexual harassment by completing this form and following the procedures set forth in the Title IX Sexual Harassment Policy.

Please complete as much of this form as possible. Filing a complaint will invoke the Title IX sexual harassment grievance procedures, if applicable. For third-party reports, please do not use this form and instead complete the [Title IX Sexual Harassment Third-Party Report Form](#).

**COMPLAINANT INFORMATION:**

Affiliation with SMU (Check one or more):	Student <input type="checkbox"/> Staff <input type="checkbox"/> Faculty <input type="checkbox"/> Applicant <input type="checkbox"/> Visitor <input type="checkbox"/> Other <input type="checkbox"/> (If Other, please specify):	
Full Name (First, Middle, Last):		
Employee/Student ID #:		
Title/Department (if applicable):		
Address:		
Contact Information:	Phone:	Email:

**RESPONDENT/ACCUSED REPORTER INFORMATION:**

Affiliation with SMU (Check one or more):	Student <input type="checkbox"/> Staff <input type="checkbox"/> Faculty <input type="checkbox"/> Applicant <input type="checkbox"/> Visitor <input type="checkbox"/> Other <input type="checkbox"/> (If Other, please specify):	
Full Name (First, Middle, Last):		
Employee/Student ID #:		
Title/Department (if applicable):		
Address:		
Contact Information:	Phone:	Email:
Relationship to Respondent		

**NATURE OF VIOLATION:** (Check all that apply)

<input type="checkbox"/> Sexual Harassment (General)	<input type="checkbox"/> Domestic Violence
<input type="checkbox"/> Sexual Assault	<input type="checkbox"/> Stalking
<input type="checkbox"/> Dating Violence	<input type="checkbox"/> Retaliation

Note: Please consult the Title IX Sexual Harassment Policy for definitions.

**COMPLAINT:** Describe the incident(s) including dates, times, and locations. Attach additional pages or documents as needed.

If you also reported this information to any other department on campus or to a law enforcement agency, please provide the name, title/department or law enforcement agency, and the phone number of the individuals contacted. Attach additional pages or documents as needed.

Name	Title/Department	Phone Number

**WITNESSES:** Please provide the name, relationship to the Complainant, and phone number of any potential witnesses to the incident(s). Attach additional pages or documents as needed.

Name	Relationship	Phone Number

**RESOLUTION:** Please state or describe the remedy/resolution you are seeking.

By submitting this form, I certify that the information provided is true and accurate to the best of my knowledge. I understand that making a false complaint is a violation of University policy and can result in sanctions.

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Printed Name of Submitter \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please email this form and relevant documents to [accessequity@smu.edu](mailto:accessequity@smu.edu). Alternatively, you may return it to the Office of Institutional Access and Equity located in the Perkins Administration Building, Room 204. To speak to the Title IX Coordinator or designee, please call 214-768-3601. To access the Title IX Sexual Harassment Policy or for more information, please visit the Office of Institutional Access and Equity website: <http://www.smu.edu/iae>.*

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**For Internal Use Only**

Received by:	Date Received: