



## Formal Complaint Form for Reporting Sexual Harassment (Student)

**INSTRUCTIONS:** If you believe that you have been subjected to sexual harassment, you are encouraged<sup>1</sup> to complete this form and submit it to:

Attn: Student Title IX Coordinator  
005 Steele Hall, Syracuse, NY13244  
titleix@syr.edu

You will not be retaliated against for filing a complaint.

This form is intended to initiate a “Formal Complaint”—as that term is defined in the Sexual Harassment, Abuse, and Assault Prevention Policy—of sexual harassment or assault. By signing this form, you are formally requesting the University investigate the reported conduct. If you are more comfortable reporting verbally or in another format, the Office of Equal Opportunity, Inclusion, and Resolution Services will complete this form and provide you with a copy for review and signature.

**1. Name of Complainant (Last, First, Middle Initial):**

**2. SUID:**

**3. Email:**

**4. Current Address:**

**5. Phone:**

**6. Preferred Communication Method (email, phone, In-person):**

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**7. Special Requests**

I need:

- a. A translator (if so, which language?): \_\_\_\_\_
- b. Accommodations for a disability: \_\_\_\_\_
- c. Other: \_\_\_\_\_

**8. Your Complaint of Sexual Harassment is made about:**

Name: \_\_\_\_\_

Relationship to you": \_\_\_\_\_

Contact Information (if known): \_\_\_\_\_

**9. Please describe what happened and how it is affecting you and your experience at the University.  
*Please use additional sheets of paper if necessary and attach any relevant documents or evidence***

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**10.** Date(s) conduct or behavior occurred:

Is this conduct/behavior continuing?

**11.** Please list the name and contact information of any witnesses or individuals who may have information related to this complaint:

**12.** The last question is optional, but may help the investigation.

Have you previously reported or provided information (verbal or written) about this incident or related incidents? If yes, when and to whom did you report or provide information?

**13.** If you have retained legal counsel and would like us to work with them, please provide their contact information.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

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