

Formal Complaint Form

I, _____, state that at the date of signing this document wish to proceed with a formal complaint under the Title IX Grievance process. I understand that at any time I may withdraw my complaint and the process shall be halted unless the Title IX Coordinator deems the complaint so severe, pervasive, and objectively offensive that the process must continue. I understand that this right is absolutely at my sole discretion up until the time of a Findings and Sanctions document is filed by the Formal Hearing Administrator.

My initiating statement regarding the sexual misconduct, incident, treatment, harassment, and/or discrimination based on my sex, gender identity that has led to this complaint is included in writing and attached to this form.

I have met with, or

I agree to meet with the Title IX Coordinator or Deputy Coordinator to discuss this matter.

I have received

I need to receive a copy of the Full Title IX Policy.

Complainant:

Printed Name: _____

Signature: _____

Date: _____

Title IX Coordinator/Deputy Coordinator

Printed Name: _____

Signature: _____

Date: _____

CC: Case File

This document if not signed in the presence of the Title IX Coordinator or Deputy Coordinator, must be sent to the notice of the Title IX Coordinator via one of the following means.

Email: Email this document and initiating statement to one of the following:

Title IX Coordinator:

Title IX Deputy Coordinator for Students: rachel.haos@alverno.edu

Title IX Deputy Coordinator for Employees: magda.hoffman@alverno.edu

Title IX Deputy Coordinator for Athletics: jason.pilarski@alverno.edu

Postal Service: This document may be sent via US Postal Service, Messenger Service, or parcel transport at the cost of the sender to the following address:

Alverno College
% Title IX Coordinator
3400 S. 43rd Street
P.O. Box 343922
Milwaukee, WI 53234

Hand delivered: To the Title IX Coordinator or any Deputy Coordinator listed.