

Title IX Formal Complaint Report Form

Walden University is committed to the prompt resolution of complaints in a manner consistent with the University's Title IX Policy. The Walden University Title IX Coordinator's role is to assist those who believe they have been subjected to conduct in violation of Title IX in any educational program or activity. All members of the Walden University community are entitled to report allegations to the police and do not need to wait until Walden University's process and investigation is complete before reaching out to local law enforcement (i.e., processes may work simultaneously).

The following information must be completed by the Complainant, the Title IX Coordinator, or the Deputy Title IX Coordinator.

Complainant: Student, Faculty, or Staff Member (circle one)

Complainant Name	Complainant Address	Complainant Phone Number(s)	Complainant E-mail Address
Date of Incident	Location of Incident	Other Party Involved	Other party is:
			Student ____ Non-Student ____

Has Complainant contacted anyone else for help regarding this complaint? If so, please name them below:

Name: _____

Title: _____ **Date:** _____

Name: _____

Title: _____ **Date:** _____

Has Complainant notified law enforcement officials about this claim? YES NO

If so, which agency(s) and contact person? _____

What is the action status with the agency (s) involved? _____

Under Walden University’s Title IX Policy, parties are entitled to have an advisor to support them through the Title IX process. Parties may select their own advisor or may elect to have Walden appoint an advisor.

- I will select my own advisor.
- I elect to have Walden University appoint an advisor for me.
- I decline to have an advisor.

Statement of Events Provided by Complainant

Please provide a detailed statement of the events, including dates, places, and names of witnesses. Please attach additional pages if necessary. Provide any additional documentation in support of the claim.

Complainant’s Consent to Initiate a Formal Investigation

I have reviewed this complaint form and the information contained herein is truthful and accurate to the best of my knowledge. I understand that upon filing this Title IX Formal Complaint, the University will initiate an investigation pursuant to the Walden University Title IX Grievance Reporting Policy and Procedures. I agree that I am voluntarily choosing to file this formal complaint and that I have the right to decline to do so. I understand that at any point

prior to a determination of responsibility, I may withdraw this complaint or request that the complaint be resolved through the University's informal resolution process.

Signature

Date