

AIMM Sexual Harassment Complaint for Students

Student Name			
Program		Cohort	
Age		Sex	

Date of Incident		Time of Incident	
Person(s) you allege committed the sexual harassment:			
Name		Position/Title	

Please describe the incident in detail, including your reaction to incident:

Person(s) who witnessed the incident, if any:	

Additional Notes:

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I understand that this matter will need to be investigated, but that all the information will be kept confidential to the extent that it is possible.

Date

Student Signature

Date

Title IX Coordinator Signature