



Title IX Formal Complaint Form

This form must be completed, signed, and delivered to the Title IX Office at Mars Hill University via email to Dr. Jennie Matthews, Title IX Coordinator, jmatthews@mhu.edu, or in person at Nash 209 to begin the formal investigative process. For the purposes of this form, the term "Complainant" refers to an individual who is alleged to be the victim of the incident. The term "Respondent" refers to the individual who is alleged to be the perpetrator of the incident. Please direct any questions regarding this form to Title IX Coordinator Dr. Jennie Matthews.

Complainant Information

Today's Date:

Complainant's Name:

Phone Number:

MHU ID:

MHU Affiliation:

Incident Date:

Incident Time:

Incident Location:

Specific Location:

Type of Incident:

Protected Class(es) Basis for Report:

Sex	Gender	Gender Identity	Gender Expression	Sexual Orientation
Pregnancy/Parenting	Race	Color	Religion	Veteran Status
Disability	Age	Genetic Information	Marital Status	National Origin

Respondent(s) Information

Name:

Phone Number:

MHU ID:

MHU Affiliation:

Social Media Accounts:

Account Names:

Please include any additional Respondent information in the space provided:

Witness Information

Name:

Phone Number:

MHU ID:

MHU Affiliation:

Name:

Phone Number:

MHU ID:

MHU Affiliation:

Please include any additional witness information in the space provided:

Incident Narrative

(Please provide a statement below detailing the incident.)

Requested Supportive Measures

Supportive Measures:

Please include any additional Supportive Measures requested in the space provided:

Requested Accommodations

Accommodations:

Please include any additional accommodations requested in the space provided:

Requested Resolution

Resolutions:

Mars Hill University will not tolerate intentional false reporting of incidents. It is a violation of the Student Code of Conduct to make an intentionally false report, and it may also violate state criminal statutes and civil defamation laws. By signing below, I acknowledge this statement and that the facts included in this document are true. By signing, I understand that I am requesting to begin a Formal Investigation, and I have the right to withdraw a Formal Complaint any time prior to a Formal Hearing. I further understand that in rare instances, the Title IX Office may be obligated to continue the Formal Investigation irrespective of a withdrawal request and move to a Formal Hearing. The Title IX Coordinator will retain a copy of the formal complaint and any resolution agreement for a period of (7) years following the closure of the complaint. If you have any questions, please contact the Title IX Coordinator.

Complainant's Name (printed):

Signature:

Date:

Title IX Office Only

Title IX Coordinator:

Signature:

Date:

