

Title IX Incident Report



Forms / Instructions

FORMAL COMPLAINT FORM

(To be filed within ninety (90) days of the alleged occurrence)

1. Name of Complainant:

2. Department:

3. Today's Date:

4. Name of person (s) accused of the alleged occurrence:

5. Department:

6. Date of alleged occurrence (Write the day, date, time and location):

7. Name of Person(s) who witnessed alleged occurrence:

8. Please write a detailed description of the occurrence:

9. What remedy are you seeking?

Please complete and return form:

Marlene Tucker, Assistant Vice Chancellor, Human Resources

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