



NOTRE DAME
OF MARYLAND
UNIVERSITY

Sexual Misconduct Complaint Form

Reporting Party's Name:

Reporting Party's Email:

Reporting Party's Best Contact Phone Number:

Date(s) of the Alleged Violation:

Location(s) of the Alleged Violation:

Summary of Complaint (Use additional sheets as necessary):

Requested Action	Formal Review:	Informal Mediation:	Other/Unsure:
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Reporting Party's Signature:

Date:

Received By (Print Name):

Date:

Title IX Coordinator's Signature:

Date:

Summary of Complaint Continuation Sheet

Reporting Party's Name:

Date:

Responding Party's Name (If Known):

Witness Name(s) (If Applicable):

To submit the form: Forms should be delivered in a sealed envelope marked “**Confidential**” to the Title IX Coordinator or sent via email to gfitzgerald@ndm.edu.