

Sexual Discrimination (Title IX) Sexual Harassment/Sexual Assault Filing Form  
Mount Vernon Nazarene University  
Formal Level of Complaint

Name \_\_\_\_\_ Date \_\_\_\_\_

Position and/or Organization \_\_\_\_\_

Place where you may be reached \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Nature of your grievance

- Sexual Discrimination (Title IX), or  Sexual Harassment, or  Sexual Assault, or  
 Retaliation from Previous Grievance (please check one)

(Please describe the policy or action you believe may be in violation and identify any person(s) you believe may be responsible.)

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If others are affected by the possible violation, please give their names and/or positions.

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If you wish, please describe any corrective action you would like to see taken with regard to the possible violation or provide other information relevant to this grievance.

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\_\_\_\_\_  
Signature of grievant

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Signature of person receiving grievance

\_\_\_\_\_  
Place of grievance filing

\_\_\_\_\_  
Date grievance received