

Title IX Sexual Harassment Complaint Form

UTI/MIAT/MMI/NASCAR Tech (collectively Universal Technical Institute) will provide you with a copy of this form as well as complete information about the Title IX process. By signing this form, you understand that Universal Technical Institute cannot commit to keeping a Title IX Sexual Harassment complaint confidential because of the Institute's obligation to investigate the complaint. The Institute will use its best efforts not to disseminate information concerning the complaint beyond those who have a need to know, including notifying the respondent of the identity of the person(s) filing the complaint.

The Title IX or Deputy Title IX Coordinator assigns a designee to investigate complaints by faculty, staff, and students who are alleged to be harmed by sexual harassment.

I am filing this complaint as, or on behalf of, a: check one: (v)

Faculty

Staff

Student

Optional: By checking this box, I am requesting that the Institute not take any action on my report. I understand that the Institute will use its best efforts not to investigate the report, but may have to move forward depending on the nature of the report.

Name

Department (if applicable)

Campus (if applicable)

Cell Phone

Email Address

Employee ID

Student ID

Have you brought this matter to the attention of any other department(s) at Universal Technical Institute? If so, please list the name(s) and department(s) of all other persons with whom you have discussed this matter.

Type of Complaint

Check all that apply (v)

Sexual Harassment

Sexual Assault

Domestic Violence

Dating Violence

Stalking

Retaliation

Complaint: Describe your complaint. Please summarize below and attach additional pages describing your complaint, if necessary.

Name of person or persons you believe committed the offense and how you or the alleged victim have contact with them, e.g. supervisor, co-worker, instructor, student.

Describe the corrective action you are seeking. Please understand that this information is being sought for informational purposes and that any particular corrective actions identified on this form may or may not be implemented, depending on the outcome of the resolution and investigation process. Attach additional pages if necessary.

For retaliation complaints, please explain why you believe someone retaliated against you:

Witnesses (The relationship information requested means co-worker, supervisor, instructor, student, etc.)

1. Name	Relationship	Telephone
2. Name	Relationship	Telephone
3. Name	Relationship	Telephone

I certify the aforementioned is true and correct.



Your signature _____ Date _____

For the Title IX Coordinator and/or Designee

Complaint taken by:

Signature _____ Print Name _____ Date _____