

Title IX Complaint

Information:

Name:			
Are you a:	<input type="checkbox"/> Client <input type="checkbox"/> Student <input type="checkbox"/> Staff Member: List Position		
People Involved:	<input type="checkbox"/> Client <input type="checkbox"/> Student <input type="checkbox"/> Staff <input type="checkbox"/> Public <input type="checkbox"/> Other:		
Incident Area:	<input type="checkbox"/> Clinic <input type="checkbox"/> Livonia	<input type="checkbox"/> Classroom <input type="checkbox"/> Royal Oak	<input type="checkbox"/> Outside Building <input type="checkbox"/> Office <input type="checkbox"/> Parking Lot/Surrounding Area <input type="checkbox"/> Instructor Space
Date:			
Contact Info: (check preferred method of reaching you)	<input type="checkbox"/> Address: <input type="checkbox"/> Phone: <input type="checkbox"/> Email:		
Please detail incident:		<i>Date, Info & Initials</i>	
Please list action or remedy that you are seeking:			

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Below for Office Use ONLY

<i>Disciplinary Action</i> <input type="checkbox"/>	
<i>Authorities Contacted:</i>	
<i>Title IX Coordinator Notes:</i>	

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<i>Reported in Annual Security Report:</i>	
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Witness Signature: _____

Academy Signature: _____

Attachments:

Print and submit to:

Livonia Campus:
Title IX Coordinator
31501 Schoolcraft Rd.
Livonia, MI 48150

Royal Oak Campus:
Title IX Coordinator
501 S. Washington Ave.
Royal Oak, MI 48067