

Title IX Complaint

Information:

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|---|---|
| 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: | Clinic <input type="checkbox"/> Classroom <input type="checkbox"/> Outside Building <input type="checkbox"/> Parking Lot/Surrounding Area <input type="checkbox"/> Livonia <input type="checkbox"/> Royal Oak <input type="checkbox"/> Office <input type="checkbox"/> Instructor Space <input type="checkbox"/> |
| 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> |
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| Please list action or remedy that you are seeking: | |
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Below for Office Use ONLY

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| <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