



THE CITADEL

THE MILITARY COLLEGE OF SOUTH CAROLINA
Title IX Grievance Form

Complainant's Name: _____

_____ Last Name First Name Initial

Address: _____

City _____ State _____ Zip Code _____

Telephone Number: _____

Circle One: Student Employee Parent Other on behalf of
student/employee

Specifics of Complaint (describe below, including any dates of alleged discrimination). Attach an extra page if necessary.

List any witnesses to the alleged Title IX violation (include names and contact information if known). Attach an extra page if necessary.

If you wish, please describe any corrective action you would like to see taken with regard to the possible Title IX violation. Attach an extra page if necessary.

Prior to a formal investigation of your grievance, would you like a mediation meeting coordinated with the identified person(s) alleged to be responsible for the Title IX violation to discuss your concerns?

Circle One: Yes or No

Date

Signature of Complainant

For more information, go to [Title IX Grievance Procedure](#)