



TITLE IX NOTIFICATION

This form must be completed and returned to the Title IX Coordinator within 24 hours of receiving information from a complainant.

Name of Complainant: _____

Name of Respondent: _____

Incident occurrence: Category: ☐ misconduct ☐ harassment ☐ discrimination
Date ____/____/____ and Time ____:____ am/pm
Location _____

Information reported by the complainant:

Responsible Employee/Person submitting this notification:

This information was reported to me on: Date ____/____/____ and Time ____:____ am/pm.

Report submission date: ____/____/____

Name _____ **Signature** _____

Submit this completed form in a sealed envelope within 24 hours of receiving information from a complainant to:

Tabitha Smith or Haley Kiser
Office for Advocacy & Opportunity
276-328-0131 business hours | 276-870-5065 after hours
EMAIL: OAO@uvawise.edu