COMPLAINT FORM

Date(s) of Incident(s)

Complainant Name

Person(s) About Whom Complaint Is Made

Description of Incident(s) (attach additional sheets if necessary)

Name(s) of Witnesses(es), if any

Has the incident(s) been reported before? Yes No

If yes, when, to whom, and what was the resolution?

_____ _____

Complainant Signature Date

This complaint may be filed with the Title IX Coordinator in person, by mail, or by electronic mail to **the Academy's Title IX Coordinator Katie Hemmer, 111 Franklin Street, New York, NY 10013 or (212) 842-5961 or khemmer@nyaa.edu.**

Complaint Received By: _____ _____

Print Name Title

_____

Date Received