



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 Gahbaie Jobity Ph.D, 111 Franklin Street New York, NY 10013 or (212) 842-5129 or gjobity@nyaa.edu.**

Complaint Received By: _____

Print Name

Title

Date Received