ELIZABETH CITY STATE UNIVERSITY

TITLE IX GRIEVANCE FORM

Contact Information

Name of Individual Filing Complaint: ________________________________

Email: ___________________ Address: ________________________________

(CESU students and/or employees should list campus address.)

City: ___________________ State: ___________ Zip Code: ___________

Home Telephone #: ___________ Cellular Phone #: _________________

Person Filing Complaint

Please check one.

_____ Victim’s Advocate _____ ECSU Student _____ ECSU Employee

_____ Parent _____ Other: ________________________________

(Please describe who you are and/or your relationship with the alleged victim.)

Type of Complaint

Please check all that apply.

_____ Sex Discrimination _____ Sexual Harassment

Name(s) of Accused Person(s)

Please list the names of the individuals who have allegedly engaged in sex discrimination and/or sexual harassment.

________________________________________________________________

________________________________________________________________

________________________________________________________________
Description of Incident(s)
[to include date(s) and place(s) of incident(s), etc.]

Please feel free to attach additional pages and/or supporting documentation.
Name(s) of Witness(es)
Please list the names of the individuals who have direct knowledge of the alleged act(s) of sex discrimination and/or sexual harassment.
__________________________________________________________
__________________________________________________________
__________________________________________________________

Proposed Resolution
Please describe the relief you are seeking.
__________________________________________________________
__________________________________________________________
__________________________________________________________

Other Comments
Please list any additional information that you would like to provide related to this grievance.
__________________________________________________________
__________________________________________________________
__________________________________________________________

Certification
I certify that the information provided on this grievance form is true to the best of my knowledge.
__________________________________________________________
Printed Name

__________________________________________________________
Signature

__________________________________________________________
Date

Instructions
This form may be delivered, faxed, or emailed to one of the following individuals:
Donna James – Whidbee(dmjameswhidbee@mail.ecsu.edu) or Lisa M. Little (lmlittle@mail.ecsu.edu)
Elizabeth City State University – Division of Human Resources and Payroll
1704 Weeksville Road, Elizabeth City, NC 27909
Fax: 252-335-3415/ Phone: 252-335-3785 or 252-335-3937