

DISPOSITION OF COMPLAINT FORM

Date:	
Date of initial complaint:	
Name of Complainant (include whether the Complainant is a student or employee):	
Date and place of alleged incident(s):	
Name of Respondent (include whether the Respondent is a student or employee):	

Summary of Investigation:

I agree that all of the information on this form is accurate and true to the best of my knowledge.

Signature: _____ Date: _____