



Title IX Discrimination Complaint Form

(including gender equity/sexual harassment/sexual violence)

The Title IX Coordinator investigates complaints by faculty, staff, students, and applicants who believe themselves to be harmed by sexual harassment or discrimination and harassment related issues.

To file a complaint with the school, please complete and mail, email, or bring this form in person to the Title IX Coordinator or call our office to make arrangements for us to meet with you there or at another location. If you are unable for any reason to complete this form and would like to make a verbal complaint, please call the Title IX Coordinator to schedule an appointment.

Although the school cannot commit to keeping a complaint of discrimination confidential because of the school's obligation to investigate the complaint, the school will use its best efforts not to disseminate information concerning the complaint beyond those who have a need to know.

Please feel free to contact our office if you have any questions regarding the process for filing or investigating complaints of discrimination (including sexual harassment).

Note: A victim of discrimination or harassment is encouraged to use the school's internal complaint process. Persons believing they have been discriminated against or harassed may seek assistance from the Department of Education's Office of Civil Rights, federal Equal Employment Opportunity Commission, or the federal Department of Labor.

Contact Information:

Claudette V. Bazile, Esq.
Title IX Coordinator
Morehouse School of Medicine
Department of Human Resources
NCPC/Room A-422
720 Westview Drive, SW
Atlanta, GA 30310
Phone: 404.752.1846
Email: cbazile@msm.edu

Title IX/Discrimination Complaint Form

When the form has been completed and signed, and then signed by the Title IX Coordinator, your complaint has been properly received and noted by the school. We will provide you with a copy of this form as well as complete information about the discrimination complaint process.

Select One

- ☐ Faculty ☐ Staff ☐ Student ☐ If Other, please explain:
- ☐ Employment Applicant ☐ Student Applicant ☐ Resident

Complainant:

Name (Last Name, First Name, MI)

Department

Work Telephone

Home Telephone

Cell Phone

Street Address

City

State

Zip Code

Employee Position

Employee I.D. (if known)

Student Class Year

Student I.D. (if known)

Name of Your Supervisor

Supervisor's Telephone

Have you brought this matter to the attention of any other department(s) at the school? If so, please list the name(s) and department(s) of all other persons whom you have discussed this matter.

Type of Complaint (Select one or more)

- ☐ Sexual Harassment ☐ Sexual Violence ☐ Sexual Orientation ☐ Gender ☐ If Other, Please Explain:

Complaint: Describe your complaint in summary below.

☐ Check here if you are including additional pages or documentation supporting your complaint

Name the Person who discriminated against you and why you have contact with this individual (e.g. supervisor, co-worker, customer, teacher, etc.)

Describe the corrective action you are seeking.

☐ Check here if you are including additional pages

Witnesses (The relationship information requested means co-worker, supervisor, teacher, student, etc.)

Name	Relationship	Telephone
Name	Relationship	Telephone
Name	Relationship	Telephone

I certify the aforementioned is true and correct.

Signature

Print Name

Date

Complaint taken by

Signature

Print Name

Date
