

TITLE IX COMPLAINT FORM

NAME	GOTHIC ID NO	
ADDRESS		(where applicable)
TELEPHONE NO.		
E-MAIL ADDRESS		
Name of person(s) involved:		
Brief description of incident:		
Please check off one of the following:		
☐ I understand that this is a formal complaint form a confidential process based on need to know.	n that will initiate an investigation	into my allegations. It is
*I do not want a formal investigation into my all matter.	legations and want the incident ke	ept as a private, confidential
Complainant Signature	Date	
*New Jersey City University reserves the right to pr	coceed with an investigation with	out a formal complaint if it

deems necessary. This decision will be made on a case by case basis.

To file a complaint with the university, please complete this form and return the form to one of the designated persons listed below:

Dr. Lyn Hamlin
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Office of the Dean of Students
2039 Kennedy Boulevard
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Ms. Lisa Norcia, Director of EEO/AA 2039 Kennedy Boulevard Hepburn Hall, Room 306B Jersey City, NJ 07305 Inorcia@njcu.edu

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