



Sumter Beauty College, Inc.

Title IX Formal Grievance Form

Your Name _____

Address: _____ Contact Info:
Street _____ Home Phone _____

City, State _____ Cell Phone _____

Zip Code _____ Email _____

Preferred Method of Contact (Choose One) ___ Phone ___ Email ___ Mail

Are you a ___ Student ___ Staff Member – Position _____

Date of the event(s) _____ Location of Event(s) _____

Describe in as much detail as possible the event(s) that occurred (attach additional sheets if necessary).
Please also include the following:

- The Name(s) of all parties involved
- The name(s) of any witnesses or individuals who may have knowledge of the event(s)

What action/remedy are you seeking?

Please print out and send completed form to the Title IX Coordinator