Sexual Harassment Complaint Form

Please print clearly.

_______________________________________________
M / F___________________

LAST NAME FIRST NAME M.I. SEX ROYAL ID #

HOME ADDRESS STREET, APT. CITY STATE ZIP

START DATE AT U OF S (MO/YR) #YEARS HERE EXPECTED GRAD. DATE (MO/YR)

GRADUATE OR UNDERGRAD STUDENT PREVIOUS COLLEGE ATTENDED

BEST PHONE NUMBER TO REACH YOU

Have you filed a complaint before? Y N
To your knowledge, has a complaint been filed against you? Y N

COMPLAINT

Name of alleged perpetrator (Include title if applicable) M / F Sex

Circle the appropriate response.
His/Her status at the University: Faculty, Staff, Student, Administration

Was the harassment generally: Verbal, Physical, Correspondence, All

What is the nature of your relationship with this person?

Description: give a detailed statement of each incident involving the above listed person starting with the date.

1. When: __________________ Where:______________________________
What happened: __________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

____________________________________________________
Witnesses: List any person(s) who may have witnessed this incident. Include contact information.

____________________________________________________

____________________________________________________

____________________________________________________

And / Or any person(s) who have experienced similar situations with the alleged perpetrator. Include contact information.

____________________________________________________

____________________________________________________

____________________________________________________

Any additional incidents?  Y  N  If YES, request additional information sheets.

Please read the following carefully, and sign and date the bottom of this form before submission. If you have any questions, please feel free to ask.

The Office of Equity and Diversity operates within the state and federal regulations governing claims of sexual harassment, as well as the guidelines outlined by the University’s Sexual Harassment Policy.

I________________________, have reviewed the information I have provided above to the Office of Equity and Diversity, and assert that it is true and correct, to the best of my knowledge. I understand that the Office of Equity and Diversity will hold this information in confidence to the extent possible, and may have to perform an investigation into these allegations to determine if they are substantiated, which requires interviews with witness/contact persons listed above, and others. I AUTHORIZE the Office of Equity and Diversity to conduct said investigation, and contact and interview any, and all, person(s) related to these incidents(s).

I have read and understand the above provisions and agree with them.

____________________________________________________

Signature of Complainant      Date

____________________________________________________

Signature of Intake Personnel  Date

____________________________________________________

Signature of Director, Office of Equity & Diversity  Date reviewed

Additional document(s) provided:  Y  N