Formal Complaint Form

Today's date: _____ Responsible Employee_____

Information Regarding the Complainant:
Name of the Complainant: _____
Complainant's Phone Number and Email Address: _____
The Complainant is (please check one): □ faculty □ student □ staff □ not affiliated with the College For faculty, staff, & students, indicate whether □ current or □ former

Information Regarding the Alleged Victim (if different from the Complainant):
Name of the Alleged Victim: _____
The alleged victim is (please check one): □ faculty □ student □ staff □ not affiliated with the College
For faculty, staff, & students, indicate whether □ current or □ former

Information Regarding the Respondent:
Name of the Respondent: _____
Respondent's phone number (if known): _____
The Respondent is (please check one): □ faculty □ student □ staff □ not affiliated with the College For faculty, staff, & students, indicate whether □ current or □ former

Information Regarding the Alleged Sexual Harassment:
Time and date of the alleged Sexual Harassment: _____
Location of the alleged Sexual Harassment: □ on campus: □ off campus:
_____
_____

Other parties who may have information regarding the allegation(s), with contact information, if known:

_____
_____
_____

Please provide a brief description of the alleged Sexual Harassment:
Please include the following information in your description when known: the gender of the parties, the relationship between the parties, whether the Respondent used force in the course of the alleged Sexual Harassment, and the frequency (if applicable) of the alleged Sexual Harassment.

_____
_____
_____
_____

Please feel free to use the reverse side of this form or separate pages to continue your description, if necessary. By signing this formal complaint form, I am requesting the College to investigate the above allegation(s).

_____ _____
Printed Name Signature