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4.607:01 Complaint Form Sexual Harassment, Sexual Violence and Sex Discrimination

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FORM 4.607:01

COMPLAINT FORM SEXUAL HARASSMENT, SEXUAL VIOLENCE AND SEX DISCRIMINATION

Antioch University takes seriously its legal obligation to eliminate behaviors which create a hostile work or academic environment, to prevent their recurrence, and to address their affects. Antioch University recognizes the human dignity of each member of the University community and believes each member has a responsibility to promote respect and dignity for others. The University’s goal is to provide an environment where students, faculty and staff can thrive, and a culture that is welcoming, affirming and free of fear.

Staff, faculty and students who believe they are the victim of sex discrimination, sexual harassment, sexual misconduct, gender harassment or sexual violence **should immediately report the violation** to the University’s Vice Chancellor of Finance/CFO who is the University’s Title IX Coordinator/EEO Officer or to their local campus Deputy Title IX Coordinator. You may discuss a complaint verbally by contacting the Title IX Coordinator or Deputy Title IX Coordinator although eventually you will be asked to complete this form to initiate an investigation. Furthermore, any conduct constituting a criminal offense, may also be reported by you to local law enforcement officials.

Once this Complaint is signed by the Title IX Coordinator or Deputy Title IX Coordinator you will be provided with a fully executed copy of this form as well as complete information about the Title IX discrimination complaint process.

For more information, please see: Antioch University’s **Sexual Harassment, Sexual Violence and Sex Discrimination Policy # 4.607** Under Human Resources Policies on Antioch University’s portal http://aura.antioch.edu/policies_400_6x/12/.

COMPLAINANT INFORMATION

(Person alleging violation of the Sexual Harassment, Sexual Violence and Sex Discrimination Policy 4.607)

Name: Click here to enter text.

Affiliation: Staff Faculty Student Student Employee Volunteer

Location: AU Central AU Los Angeles AU Midwest AU New England AU Santa Barbara AU Seattle
 GSLC AUO Other

Department/Office: Click here to enter text.

Program (if Student): Click here to enter text.

Home Address: Click here to enter text.

City: Click here to enter text. State: Click here to enter text. Zip Code: Click here to enter text.

Daytime Phone: Click here to enter text Evening Phone: Click here to enter text

Email Address: Click here to enter text.

RESPONDENT INFORMATION

(Person/s you allege has committed a violation of the Sexual Harassment, Sexual Violence and Sex Discrimination Policy 4.607 against you and your affiliation with them, e.g. supervisor, co-worker, faculty, student, customer.)

Name: Click here to enter text Title: Click here to enter text.

Respondent Affiliation: Staff Faculty Student Student Employee Other Click here to enter text.

Reason for contact with you: [Click here to enter text.](#)

Campus: [Click here to enter text.](#)

Department/Program: [Click here](#)

to enter text.

Respondent Contact Address (if known): [Click here to enter text.](#)

City: [Click here to enter text.](#)

State: [Click here to enter text.](#)

Zip Code:

[Click here to enter text.](#)

Daytime Phone: [Click here to enter text.](#)

Evening Phone: [Click here to enter text.](#)

Email Address: [Click here to enter text.](#)

FORM OF VIOLATION OF SEXUAL HARASSMENT, SEXUAL VIOLENCE AND SEX DISCRIMINATION POLICY YOU ARE

ALLEGING

(Please check all appropriate items)

Sex Discrimination Sexual Harassment Sexual Misconduct Gender Harassment Sexual Violence

Note: Any observed conduct or report of conduct which, if true, would constitute a criminal sexual offense, may immediately be reported to local law enforcement officials by the Title IX Coordinator or Deputy Title IX Coordinator.

1. Have you brought this matter to the attention of any other person(s) or department(s) at the University? If so, please list the name(s), date(s), and department(s) of all other persons with whom you have discussed this matter. [Click here to enter text.](#)

2. Date(s) most recent or continuing form of violation took place (month, day & year): [Click here to enter text.](#)

3. Clearly describe the alleged violation(s). Describe each incident of alleged violation of the Title IX policy separately. For each action provide the following information: 1) What happened; 2) Where it happened; 3) When it happened, and 4) Who was involved or witnessed the events. **(Please attach additional pages as necessary)**

[Click here to enter text.](#)

4. Were witnesses present for the alleged behavior? YES NO If yes, list witness names and relationship. (For example, "relationships" include co-worker, supervisor, faculty, student, customer, etc.) **Please attach additional pages as necessary.**

Name: [Click here to enter text.](#)

Relationship: [Click here to enter text.](#)

Phone: [Click here to enter text.](#)

Name: [Click here to enter text.](#)

Relationship: [Click here to enter text.](#)

Phone: [Click here to enter text.](#)

Name: [Click here to enter text.](#)

Relationship: [Click here to enter text.](#)

Phone: [Click here to enter text.](#)

5. What would you consider to be a successful or acceptable outcome and/or resolution to complaint? [Click here to enter text.](#)

I hereby certify that the information contained in this complaint is correct to the best of my knowledge. I acknowledge that misrepresentation of facts is a violation of Antioch's Student Conduct Code I(A)(2)(b).

Signature of Complainant: _____

Date Signed: [Click here to enter text.](#)

MAIL, DROP OFF OR EMAIL COMPLETED FORM TO:

Antioch University
Title IX Coordinator/EEO Officer
 Melissa Kirk
 Email: mkirk@antioch.edu
 Antioch University
 900 Dayton Street
 Yellow Springs, OH 45387

OR your Campus Deputy Title IX Coordinator/EEO Officer

AULA and AUSB	Sandy Lee Email: slee2@antioch.edu Antioch University Los Angeles 400 Corporate Pointe Los Angeles, CA 90230-7615
AUNE	Melissa Kirk Email: mkirk@antioch.edu Antioch University New England 900 Dayton St. Yellow Springs, OH 45387
AUS	Jane Harmon Jacobs Email: jharmonjacobs@antioch.edu Antioch University Seattle 2400 3rd Avenue, Suite 200 Seattle, WA 98121
AUM, AUO and GSLC	Karen Crist Email: kcrist@antioch.edu Antioch University Midwest 900 Dayton Street Yellow Springs, OH 45387

OR

NOTE: If for some reason it is not practical to report a violation to the Title IX Coordinator or Deputy Title IX Coordinator of a particular campus, when, for example, the alleged incident involves the administrator or when it is perceived that the designated Title IX Coordinator may not be impartial or would have a conflict of interest. **Regardless of the reason, a student or employee may alternatively report a violation to either of the individuals named below:**

University-wide	Melissa Kirk, Associate VC for Academic Affairs Email: mkirk@antioch.edu <u>Mailing Address:</u> Antioch University 900 Dayton St. Yellow Springs, OH 45387
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THIS SECTION FOR COMPLETION BY THE PERSON RECEIVING THE COMPLAINT

Date Complaint received : Click here to enter text.

Name of person receiving complaint: Click here to enter text.

Title of person receiving complaint: Click here to enter text.

Signature of person receiving complaint:

Date Copy of Fully Executed form Sent to Complainant: Click here to enter text.