# [NAME OF INSTITUTION]

# TITLE IX SEXUAL HARASSMENT FORMAL COMPLAINT

If this is an emergency, call 911.

Prefer to submit your Formal Complaint online? Complete Formal Complaint online at: [INCLUDE HYPERLINK]

Title IX is a federal law that prohibits discrimination on the basis of sex in education programs or activities receiving federal financial assistance. Sexual harassment is a form of sex discrimination, and Title IX defines sexual harassment as conduct on the basis of sex that constitutes one or more of the following three types of behavior:

1. Quid Pro Quo harassment
2. Severe, Pervasive, and Objectively Offensive Conduct that Denies a Party Equal Educational Access
3. Sexual Assault, Dating Violence, Domestic Violence, and Stalking

Under Title IX, [NAME OF INSTITUTION] is obligated to investigate formal complaints of sexual harassment and will treat parties equally and equitably throughout the grievance process. For more information about the definitions of sexual harassment, filing a formal complaint, and the Title IX investigation and grievance process, refer to the [[NAME OF INSTITUTION] Policy on Sexual Misconduct & Sexual Harassment](https://bethanyseminary.edu/wp-content/uploads/2020/08/Bethany-Policy-on-Sexual-Misconduct-Sexual-Harassment_-August-2020.pdf) [INCLUDE HYPERLINK].

**IMPORTANT: ONLY THE INDIVIDUAL WHO IS THE ALLEGED VICTIM OF CONDUCT THAT COULD CONSTITUTE SEXUAL HARASSMENT (“COMPLAINANT”) MAY FILE A FORMAL COMPLAINT.**

**Filing a formal complaint will initiate the Title IX grievance process, which requires notifying the respondent of the allegations and grievance process.**

If you are a Complainant and would like to discuss [NAME OF INSTITUTION]’s policies and grievance procedures before filing a formal complaint, please complete the Incident Report [INCLUDE HYPERLINK] rather than this form.

If you are a third-party reporter or wish to report anonymously, you may report the incident using the Incident Report [INCLUDE HYPERLINK] rather than this form.

If the Title IX Coordinator receives a formal complaint which does not meet the Title IX definition of sexual harassment, they will contact the complainant to discuss available options.

If you have questions about filing a formal complaint, we encourage you to contact the Title IX Coordinator. The Title IX Coordinator’s contact information is as follows:

[TITLE IX COORDINATOR NAME]

[TITLE IX COORDINATOR JOB TITLE]

[TITLE IX COORDINATOR ADDRESS]

Phone: [TITLE IX COORDINATOR PHONE]

Email: [TITLE IX COORDINATOR EMAIL]

In this document, you will see various terms. The definitions of these terms are below:

Complainant: An individual who is alleged to be the victim of conduct that could constitute sexual harassment

Respondent: An individual who has been reported to be the perpetrator of conduct that could constitute sexual harassment

Witness: An individual with first-hand knowledge of the alleged incident. This may include someone you told about the alleged incident after it occurred.

Once you have completed the formal complaint, please submit via email, mail, or deliver to the office of the Title IX Coordinator.

Thank you for filing a formal complaint of sexual harassment under Title IX. You can find additional resources about [NAME OF INSTITUTION]’s policies and protocols regarding incidents of sex discrimination, sexual misconduct, and sexual harassment on our website [INCLUDE HYPERLINK].

# TITLE IX SEXUAL HARASSMENT FORMAL COMPLAINT

**NOTE: The fields with an asterisk (\*) indicate information that must be completed to file a formal complaint under Title IX. If you are unable to complete the required fields or wish to remain anonymous, please complete an Incident Report** [INCLUDE HYPERLINK] **rather than this formal complaint.**

## **Complainant information**

|  |  |  |
| --- | --- | --- |
| \*Your Full Name: |  | |
| \* [NAME OF INSTITUTION] ID #: |  | |
| \*Email Address: |  | |
| \*Phone Number: |  | |
| Nature of Complaint: | Complaint against [NAME OF INSTITUTION] employee  Complaint against [NAME OF INSTITUTION] Student  Complaint against [NAME OF INSTITUTION] Community Member  Complaint against Non-[NAME OF INSTITUTION] Community Member  Unknown | |
| \*Date of Incident: | |  |
| \*Approximate Time of Incident: |  | |
| \*Location of Incident (be as specific as possible): |  | |
| Gender: | Male  Female  Gender Non-Conforming  Organization  Other (specify if desired) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| DOB (YYYY-MM-DD): |  | |
| Address: |  | |

## **involved parties**

Please complete the following information to the best of your knowledge, including the name of the Respondent (if known) and the names of any witnesses. If you do not know the name of the Respondent, please type “Unknown Respondent” in the name field.

If you would like to list more than one witness, please fill out the fields on the last page of this document.

### **RESPONDENT information**

|  |  |
| --- | --- |
| Name or Organization: |  |
| [NAME OF INSTITUTION] ID #: |  |
| Email Address: |  |
| Phone Number: |  |
| Status at [NAME OF INSTITUTION]: | Student  Faculty Member  Staff Member  Non-Community Member  Other/Unknown (please specify)\_\_\_\_\_\_\_\_\_\_ |
| Gender: | Male  Female  Gender Non-Conforming  Organization  Other (specify if desired) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| DOB (YYYY-MM-DD): |  |
| Address: |  |

### **witness information**

|  |  |
| --- | --- |
| Name or Organization: |  |
| [NAME OF INSTITUTION] ID #: |  |
| Email Address: |  |
| Phone Number: |  |
| Status at [NAME OF INSTITUTION]: | Student  Faculty Member  Staff Member  Non-Community Member  Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Gender: | Male  Female  Gender Non-Conforming  Organization  Other (specify if desired) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| DOB (YYYY-MM-DD): |  |
| Address: |  |

## **\*DESCRIPTION OF THE INCIDENT**

\*Please describe the incident in detail, using specific, concise, and objective language to explain the who, what, where, when, why and how of the incident. If you need more space to describe the incident, you may attach an additional document to this report. *(required)*

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## **form of sexual harassment**

\*I allege that the behavior described is considered to be the following form of sexual harassment as defined in the [NAME OF INSTITUTION] Sexual Misconduct & Sexual Harassment Policy: *(required)*

Quid Pro Quo Sexual Harassment

Severe, Pervasive, and Objectively Offensive Behavior that Denies Me Equal Access to Educational Opportunities at [NAME OF INSTITUTION]

Sexual Assault

Dating Violence

Domestic Violence

Stalking

## **additional information**

Please provide any additional information that you would like the Title IX Coordinator to know such as your reason for reporting this incident, immediate security concerns, or questions about next steps.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## **relevant documents or photos**

Please attach to this report any documents, emails, photos, screenshots of relevant texts or social media posts/messages, or any other materials that may be relevant to your report. If you do not have access to these materials at this time, you will have additional opportunities to present them during the investigation.

## **authorization & Signature**

\*I understand that by submitting this formal complaint, I am knowingly initiating the formal grievance process (i.e. formal investigation) related to the allegations that have been described. *(required)*

Yes, I understand

\* I understand that upon receipt of this formal complaint, the Title IX Coordinator may contact me to gather additional information, if necessary. *(required)*

Yes, I understand

\* I understand that upon the Title IX Coordinator’s review, [NAME OF INSTITUTION] will dismiss the formal complaint if the alleged conduct:

1. Would not constitute sexual harassment as defined in the Sexual Misconduct & Sexual Harassment Policy if proven;

2. Did not occur in [NAME OF INSTITUTION]’s education program or activity;

3. Did not occur in the United States; or

4. Occurred prior to August 14, 2020.

I also understand that if the formal complaint is dismissed, the Title IX Coordinator will notify the respondent and me of the dismissal. However, the behavior that does not meet the above criteria may still be addressed under different [NAME OF INSTITUTION] policies. (If you are unsure if the alleged incident would meet the above criteria, we encourage you to use the Incident Report [INCLUDE HYPERLINK] and/or contact the Title IX Coordinator with questions). *(required)*

Yes, I understand

By signing my name below, I confirm that I am the Complainant making a Formal Complaint of Sexual Harassment under Title IX. I also confirm that the information provided in this formal complaint is true to the best of my knowledge.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_