

CHECKLIST FOR SEXUAL OR GENDER-BASED HARASSMENT COMPLAINTS

COMPLAINANT: _____

Date of Incident: _____ **School/Department:** _____

<u>DATE</u>	<u>NAME/INITIALS</u> <u>Designee/Supervisor</u>	<u>ACTION</u>
_____	_____	Received notice of incident or complaint from: _____
_____	_____	Notified Title IX Officer or Designee
_____	_____	Interviewed Complainant.
_____	_____	Notified <input type="checkbox"/> parents of students involved; <input type="checkbox"/> H.R. Director and <input type="checkbox"/> supervisor of employee involved.
_____	_____	Notified Security, if applicable.
_____	_____	Notified Police, if applicable.
_____	_____	Completed investigation and processing of parties involved in incident. Offered victim assistance (counseling, medical) Interviewed alleged perpetrator (“Respondent”) Interviewed witnesses, if applicable Initiated sexual harassment education process, if applicable Initiated disciplinary procedures, if applicable
_____	_____	Forwarded documentation to Title IX Officer <i>(including this completed checklist).</i>
<u>Title IX Officer</u>		
_____	_____	Coordinated investigation of complaint, if applicable. Confirmed initiation of harassment education, victim assistance and/or counseling for all parties as needed, including witnesses, classmates, and co-workers Followed up execution of proper disciplinary procedures or corrective action, as applicable
_____	_____	Informed Complainant and Respondent of outcome of the investigation, if applicable.
_____	_____	Turned report in to Human Resources, showing final disposition, for year-end report to President, if applicable.
_____	_____	Closed file.

SEXUAL OR GENDER-BASED HARASSMENT COMPLAINT FORM

Complainant:			School/Department:
Campus Address:			Phone:
			Date/Time of Incident:
<i>Students:</i>	Year:	Age:	Parent/Guardian (if under 18):
<i>Employees:</i>	Position:		Supervisor:

Name of person you believe harassed you or another person: _____

If the alleged harassment was toward another person, identify that person: _____

Describe the incident(s) as clearly as possible. Include a full description of the events, verbal statements (threats, requests, demands, etc.), the location, what, if any, physical contact was involved or any mitigating factors in favor of the alleged harasser. _____

List any witnesses who were present: _____

How did you or the person harassed (if not you) react to the harassment? _____

What contact did you or the person harassed (if not you) have with the alleged harasser before the first incident? _____

This complaint is based upon my honest belief that _____
harassed me or another person. I hereby certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge.

Complainant's signature

Date

Witnessed by

Date

Attach additional pages as necessary

