

Sexual Misconduct or Discrimination Complaint Report Form

General Statement Regarding Sexual Misconduct Complaints and Investigations

The University of St. Augustine for Health Sciences (USAHS) is committed to the prompt resolution of complaints in a manner consistent with the University's Sexual Misconduct Policy. The USAHS Title IX Coordinator's role is to assist those who believe they have been sexually assaulted, harassed, or discriminated against by any member of the USAHS community. All members of the USAHS community are entitled to report allegations to the police and do not need to wait until USAHS's process and investigation is complete before reaching out to local law enforcement (i.e., processes may work simultaneously).

It is important to understand that USAHS strongly supports confidentiality in cases involving sexual misconduct. All members of the USAHS community have the right to ask that their name not be disclosed to the alleged perpetrators. However, there are limited situations in which the university must override a complainant's (person alleging sexual misconduct, sexual harassment or sexual discrimination) request for confidentiality in order to meet its obligations under Title IX (for example, one individual's safety or the safety of others). Given the sensitive nature of reports of sexual violence, USAHS shall ensure that all information is maintained in a secure manner.

The following information must be completed by the Complainant or the Title IX Coordinator.

Complainant: Student, Faculty, or Staff Member (circle one)

Complainant Name	Complainant Address	Complainant Phone Number(s)	Complainant E-mail Address
Date of Incident	Location of Incident	Other Party Involved	Other party is:
			Student ___ Non-Student ___
Person Taking Report	Position	Signature	Date

Type of Alleged Misconduct (Check One):

Sexual Misconduct: ____	Sexual Harassment: ____
Sexual Discrimination ____	

Has Complainant contacted anyone else for help regarding this complaint? If so, please name them below:

Name: _____

Title: _____ Date: _____

Name: _____

Title: _____ Date: _____

Name: _____

Title: _____ Date: _____

Has Complainant notified law enforcement officials in regard to this claim? YES NO

If so, which agency(s) and contact person?

What is the action status with the agency (s) involved?

Statement of Events Provided by Complainant

Please provide a detailed statement of the events, including dates, places, and names of witnesses. Please attach additional pages if necessary. Provide any additional documentation in support of the claim.
