



Title IX Sexual Harassment Formal Complaint Form

General Statement Regarding Sexual Harassment 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 Title IX Policy. The USAHS Title IX Coordinator’s role is to assist those active members of the USAHS community who believe they have been sexually harassed or discriminated against by another active member of the USAHS community (e.g., a current student or employee, or potential student or employee). Additionally, when clearly reasonable, the Title IX Coordinator may file on behalf of an alleged victim. 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 are 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 accordance with Title IX and the Clery Act; however, there may be exceptions permissible by law. Further, the filing of a formal complaint does require disclosure and notice to the other party. USAHS will maintain as confidential any supportive and/or protective measures provided, to the extent that maintaining such confidentiality will not impair the ability of USAHS to provide supportive measures. Given the sensitive nature of reports of sexual discrimination or harassment, 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 (or Designee).

Complainant Information

Complainant (Check One): Student Faculty Staff Member Other

Complainant Name: _____ Student/Employee ID (if applicable): _____

Complainant Program/Dept.: _____ Flex (check one): Yes No

Campus Location: _____ Complainant Phone Number: _____

Complainant Email: _____

Respondent Information

Respondent is (Check One): Student Faculty Staff Member Other

Respondent Name: _____ Student/Employee ID (if applicable): _____

Respondent Program/Dept.: _____ Flex (check one): Yes No

Campus Location: _____ Respondent Phone Number: _____

Respondent Email: _____

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Incident Information

Date(s) of Incident(s):

Location of Incident(s):

Type of Alleged Title IX violation (Check One):

Sexual Harassment

Sexual Discrimination

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 your report.

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Reporting Information

Have you (complainant) contacted anyone else for help regarding this complaint?

YES

NO

If so, please provide their name, title and date they were contacted:

Have you (complainant) notified law enforcement officials regarding this claim?

YES

NO

If so, which agency(s), who is your contact person at the agency, and what is the action status with the agency (s)?

Acknowledgement

By signing below, I am requesting that USAHS investigate the allegations detailed herein and attest that the information provided in this document is truthful and is not knowingly false or misleading.

Complainant Signature: _____ Date: _____

Person Taking Report (if applicable): _____ Position: _____

Signature: _____ Date: _____

Acknowledgement

Title IX Coordinator: _____ Date Received: _____

Information provided to parties:

- Information on the grievance process, including informal resolution
- Information on supportive and/or protective measures
- Policy asserting the respondent is presumed not responsible for the alleged conduct & a determination regarding responsibility is made at the conclusion of the grievance process
- Both parties may have an advisor of their choice, who may be, but is not required to be, an attorney.
- Both parties have the right to inspect & review evidence