



COMPLAINT FORM

This Complaint Form should be used to report alleged violations of Western U's Policy Prohibiting *Provisional Policy for: Sexual and Gender-Based Harassment, Interpersonal Violence, and Other Sexual Misconduct Policy (SIM) And Equal Opportunity Civil Rights Policy (EOCR)* .

Instructions:

Please fill in all the information requested below as thoroughly as possible and attach additional pages to this form, if necessary.

If you are in immediate danger or require medical attention, please contact the police or emergency medical services at 911.

TYPE OF COMPLAINT

Type of Complaint Filing (*Please select all that apply*)*

- | | | | | |
|--|--|--|--------------------------------------|--|
| <input type="checkbox"/> Discrimination
(based on Protected Status) | <input type="checkbox"/> Harassment
(based on Protected Status) | <input type="checkbox"/> Sexual Harassment | <input type="checkbox"/> Retaliation | <input type="checkbox"/> Sexual Exploitation |
| <input type="checkbox"/> Sexual Misconduct/
Sexual Assault | <input type="checkbox"/> Dating/ Domestic Violence | <input type="checkbox"/> Bullying | <input type="checkbox"/> Stalking | <input type="checkbox"/> Hazing |

If you are filing a DISCRIMINATION, HARASSMENT or Bullying complaint, indicate the Protected Status(es) that was/were the basis of the alleged discrimination or harassment. (*Please select all that apply*)

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Race/Ethnicity
(Color or Ancestry) | <input type="checkbox"/> Nationality | <input type="checkbox"/> Disability
(Physical or Mental) | <input type="checkbox"/> Religion/Religious Creed |
| <input type="checkbox"/> Gender/Sex | <input type="checkbox"/> Gender Identity/Expression | <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Marital Status |
| <input type="checkbox"/> Medical Condition | <input type="checkbox"/> Genetic Information | <input type="checkbox"/> Military/Veteran Status | <input type="checkbox"/> Age |

If you are filing a RETALIATION complaint, indicate the activity/activities you engaged in that was/were the basis/bases for the alleged retaliation. (*Please select all that apply*)

- ☐ Exercised rights under the Policy.
- ☐ Reported or opposed conduct which was reasonably and in good faith believed to be in violation of the Policy.
- ☐ Assisted or participated in a Policy-related investigation/proceeding regardless of whether the Complaint was substantiated.
- ☐ Assisted someone in reporting or opposing a violation of the Policy, or assisted someone in reporting or opposing Retaliation under the Policy.



COMPLAINT FORM

COMPLAINANT INFORMATION

Complainant is the person who experienced the alleged conduct.

Campus*

Select Campus

First Name*

Last Name*

Phone Number*

Email*

Affiliation with Western U*

I am...

RESPONDENT INFORMATION

Respondent is the person who is alleged to have engaged in the prohibited conduct. You may identify multiple Respondents.

(Attach additional pages to this form, if necessary)

Respondent #1

First Name*

Last Name*

Phone Number

Email

Affiliation with Western U*

Respondent is...

Relationship/Association to You (Complainant)*

Respondent #2

First Name

Last Name

Phone Number

Email

Affiliation with Western U

Respondent is...

Relationship/Association to You (Complainant)

Respondent #3

First Name

Last Name

Phone Number

Email

Affiliation with WesternU

Respondent is...

Relationship/Association to You (Complainant)



COMPLAINT FORM

INCIDENT DETAILS

Please provide detailed information about the incident(s). e.g., date, time, location, and any additional information. If you do not know, please leave the section blank.

Describe the incident(s) or event(s) giving rise to your complaint. Please include dates, time, and location if known. (Attach additional pages if needed.)

Describe the specific harm you have experienced resulting from the incident(s).

Describe the outcome(s) you seek from filing your complaint. *Please be as specific as possible.*



COMPLAINT FORM

Supporting Documentation:* *Do you have any documents, physical evidence (e.g., photographs or videos), or electronic communications (e.g., text messages, direct messages, social media content) that support your complaint?*

☐

No

☐

Yes (If yes, please provide below an explanation of the supporting documentation submitted and how it supports your complaint)

Witnesses: *Identify individuals who may have observed or witnessed the incident. (Attach additional pages to this form, if necessary)*

Witness #1

First Name

Last Name

Phone Number

Email

Witness #2

First Name

Last Name

Phone Number

Email

Witness #3

First Name

Last Name

Phone Number

Email



COMPLAINT FORM

CERTIFICATION

False allegations are prohibited. A Complainant shall proceed with a Complaint in good faith. A Complainant who knowingly and intentionally files a false Complaint or any individual who is determined to have provided false statements or information during the investigation process shall be subject to discipline. Such disciplinary action shall not be deemed to be Retaliation.

I certify that the information given in this complaint is true and correct to the best of my knowledge or belief.

First Name*

Last Name*

Date*

Signature*

** Please note that any fields marked with an asterisk are required.*

For University Use Only:

Received by:

Date Received: