SEXUAL HARASSMENT FORMAL COMPLAINT FORM

Complainant (alleged victim’s) Name: ________________________________
______________________________________________________________
Complainant Contact Information: ________________________________
______________________________________________________________
Respondent (alleged perpetrator’s) Name(s): ________________________________
______________________________________________________________
Respondent’s Contact Information (if known): ________________________________
______________________________________________________________
Date(s)/Time(s)/Location(s) of Alleged Conduct: ________________________________
______________________________________________________________
Description of Alleged Conduct: _________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
Potential witnesses, identity (e.g., student/staff/third party) and contact information (if known):

[signature follows on the next page]
If signed by the Complainant

By signing this Formal Complaint, I am requesting that [INSERT NAME OF INSTITUTION] investigate the allegations discussed above and adjudicate them consistent with the University’s Sexual Harassment Policy. I understand and agree that a copy of this Formal Complaint, including my identity, will be shared with the individual(s) I identified above as respondents.

Complainant’s Signature ___________________________ Date ___________________________

Complainant’s Name (printed) ___________________________

If signed by the Title IX Coordinator

As Hebrew College’s Title IX Coordinator, I have determined it is necessary that Hebrew College investigate the allegations raised herein and adjudicate them consistent with the University’s Sexual Harassment Policy.

Title IX Coordinator’s Signature ___________________________ Date ___________________________

Title IX Coordinator’s Name (printed) ___________________________