



Discrimination, Harassment, Interpersonal Violence, & Retaliation Complaint Form

WesternU is committed to providing a safe and non-discriminatory educational and working environment for all members of the WesternU community. Consistent with state and federal and local laws, WesternU strictly prohibits discrimination or harassment in its programs and activities on the basis of race, color, national origin, ancestry, sex, gender, gender identity or expression, sexual orientation, disability, age, religion, medical condition, veteran status, or any other characteristic protected by law.

Please fill out the information requested below as completely as possible and return completed and signed form to the WesternU Director of Employee Relations and Title IX Coordinator at employeerelations@westernu.edu. Please review the applicable policies and procedures to ensure a full understanding of the complaint process and the handling of matters under the University's grievance process. Matters pertaining to prohibited conduct such as: sexual or gender-based harassment, sexual assault, dating violence, domestic violence, stalking, and retaliation are addressed in the [Sexual and Gender-Based Harassment, Interpersonal Violence, and Retaliation Policy and Procedure](#). Matters pertaining to other forms of prohibited conduct such as Discrimination and Harassment are addressed in the [Non-Discrimination Anti-Harassment and Non-Retaliation Policy](#).

Please check here if you wish to make this an anonymous report. *Please be advised that the University's ability to respond to an anonymous report may be limited.*

I. REPORTING PARTY	
Your Name (Not Applicable if Report is Anonymous):	Date: Click here to enter a date.
Address (Not Applicable if Report is Anonymous):	
Phone (Not Applicable if Report is Anonymous):	College/Department:
Best Time to Call: <input type="checkbox"/> AM <input type="checkbox"/> PM	
E-mail:	
Status (Check one): <input type="checkbox"/> Current Student <input type="checkbox"/> Current Employee <input type="checkbox"/> Other <input type="checkbox"/> Applicant for Admission <input type="checkbox"/> Applicant for Employment	

If you are or were a student, state your most current date of registration:	If you are an Applicant for admission, state your date of application:										
If you are or were an employee, state your most current position title:	If you are an Applicant for employment, state your date of application:										
<p>Indicate the type(s) of complaint being filed:</p> <input type="checkbox"/> Bullying <input type="checkbox"/> Harassment (other than sex-based) <input type="checkbox"/> Gender-Based Harassment <input type="checkbox"/> Sexual Harassment <input type="checkbox"/> Sexual Exploitation <input type="checkbox"/> Stalking <input type="checkbox"/> Discrimination (other than sex-based) <input type="checkbox"/> Dating Violence <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Sexual Assault – Specify: <input type="checkbox"/> Retaliation <input type="checkbox"/> Other:											
<p>If you are filing a Retaliation complaint, indicate the activity(ies) you engaged in that was/were the basis(es) for the alleged Retaliation:</p> 											
<input type="checkbox"/> Please check here if you are making this report on behalf of someone else.											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; padding: 5px;">Name of Impacted Party(ies)</th> <th style="width: 50%; padding: 5px;">Contact Info (e.g. phone, e-mail, address)</th> </tr> </thead> <tbody> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </tbody> </table>		Name of Impacted Party(ies)	Contact Info (e.g. phone, e-mail, address)								
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<input type="checkbox"/> Please check here if other Impacted Parties and their Contact Info are provided on an attached list.											
<p>If reporting on behalf of someone else, how did you become aware of the incident?</p> <input type="checkbox"/> I directly witnessed the incident. <input type="checkbox"/> It was shared with me by (names/s of person/s)											
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<input type="checkbox"/> Other (please explain):											

Was alternative or informal resolution sought? Yes No Do Not Know

If yes, with whom: Date of Informal Resolution: **Click here to enter a date.**

**II. CAUSE OF INCIDENT
(IF NOT SEXUAL ASSAULT, DATING VIOLENCE, DOMESTIC VIOLENCE, OR STALKING)**

Check the items you believe caused the incident/situation to occur.

- | | | |
|--|--|-------------------------------------|
| <input type="checkbox"/> Race/Ethnicity | <input type="checkbox"/> National Origin | <input type="checkbox"/> Age |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Military or Veteran Status | <input type="checkbox"/> Genetic Information | <input type="checkbox"/> Color |
| <input type="checkbox"/> Gender Identity or Expression | | |
| <input type="checkbox"/> Other (please explain): | | |

Date(s) and Time(s) of Incident(s):

Please check here if additional dates and times are provided on an attached list.

Date	Approximate/Exact Time (check if Exact)
Click here to enter a date.	<input type="checkbox"/>
Click here to enter a date.	<input type="checkbox"/>
Click here to enter a date.	<input type="checkbox"/>

Location(s)/Address(s) of Incident(s) – For each date/time indicated above, please provide location. Include Building Name and Room Number or any other specific information about the location/address:

Please check here if additional locations are provided on an attached list.

III. INCIDENT DETAILS

1. List the person or persons against whom your allegations are made, their relationship to you (supervisor, faculty, co-worker, student, etc.):

Name(s)	Relationship

Please check here if additional individuals and the relationship are provided on an attached list.

If you do not know the name(s), provide a physical description (gender, height, weight, distinguishing physical characteristics [skin tone, tattoos, hair/eye color, clothes, etc.])

2. Describe the nature of your complaint, the incident(s), date(s) and location(s) giving rise to your complaint. Attach additional pages if necessary.

3. If you are filing a harassment complaint, please explain why this conduct was offensive to you?

4. Describe the specific harm you suffered resulting from the incident(s).

5. What did you or others do to try to resolve the complaint? What was the outcome?

6. Identify others who may have observed or witnessed the incident(s) that you described:			
Name:	Address:	Phone:	Position:

Please check here if additional witnesses are provided on an attached list.

7. Identify others you believe may have experienced the same situation:			
Name:	Address:	Phone:	Position:

Please check here if additional individuals are provided on an attached list.

8. Do you have any documents that support your allegation(s)? Yes No
 (Please list below and attach copies [e.g. e-mails, text messages, pictures, Facebook entries, etc.]

9. Do you have reason to believe this/these incident(s) represents a present physical threat, harm or danger to you, the victim or to other members of the WesternU community and/or the immediate community?
 No Yes (please explain):

10. Was a weapon involved? No Yes (describe)

11. Describe how you would expect the complaint to be resolved. Be as specific as possible.

- Report Only - No Action** (Note: depending on the severity of the incident/event, this may not be an option. If the incident is of a criminal nature, you will be informed this option is not viable. WesternU will respect and comply with any request for anonymity to the extent possible.) If a 'Report Only-No Action' option is chosen and feasible, the injured party(ies)/victim(s) will be provided information and resources to assist them in dealing with the situation. The report will be received by the Title IX Coordinator and no further action will be taken.
- Alternative/Informal Process** – this generally involves facilitating a meeting between the injured party(ies)/victim(s) and the alleged offending party(ies) with an Investigator present and attempting to arrive at a mutually agreeable resolution. Because the outcomes of voluntary resolution conversations are mutually developed and agreed upon by parties involved, an appeal of the process and its result is not permitted. ***Please refer to the applicable policies/procedures for further information on the Informal Resolution process.*** This process may not be an option in all circumstances.
- Formal Investigation and Resolution** – *for a description of this option, please see WesternU's Complaint and Grievance Process for [Sexual and Gender-Based Harassment, Interpersonal Violence and Other Sexual Misconduct \(SIM\) Policy and Procedure](#) and Violations of [Non-Discrimination, Anti-Harassment & Non-Retaliation Policy](#).*
- Other:**

As a Complainant, you may elect to have an Advisor present at meetings/interview(s). If you indicate you will have an Advisor, you are authorizing that individual to accompany you to any meetings and/or interview(s) regarding this complaint. Please review the WesternU's Sexual and Gender-Based Harassment, Interpersonal Violence and Other Sexual Misconduct (SIM) Policy and Procedure for further detail on the role of an Advisor in this process.

If you will be accompanied by an Advisor, provide the name, address and telephone number of this individual:	
Name:	
Address:	
Phone:	
E-mail:	

IV. AUTHORIZATION

I certify that the information given in this complaint is true and correct to the best of my knowledge or belief. I further acknowledge my awareness that Western University of Health Sciences may utilize the information within this complaint, including necessary disclosures to effectively investigate and resolve concerns, in order to render a finding/determination of the matter.

Date:

Print Name:

Signature: _____

Please sign this document unless you are submitting anonymously.

Thank you.