



DISCRIMINATION/HARASSMENT FORMAL COMPLAINT FORM

A signed, formal complaint must be submitted to the College to initiate adaptable/informal or formal resolution proceedings under the Complaint Procedures for [Students](#), [Faculty](#), or [Staff](#) for alleged violations of the [Equal Opportunity and Nondiscrimination Policy](#) (EO Policy). Please review the EO policy and procedures for detailed definitions, examples, and explanations of informal and formal resolutions.

“Adaptable (Informal) Resolution Options” must be agreed upon by all parties and includes a restorative justice process, a negotiated resolution facilitated by the Director of Equity & Title IX Coordinator or another trained facilitator, or an interactive resolution process with the parties and appropriate administrators should the Respondent accept responsibility for violating the EO Policy.

A “formal resolution process” includes an investigation and administrative or three-person panel adjudication. Typically, an investigation will be completed within sixty (60) calendar days from the filing of a formal complaint, and may be extended for good cause. A formal complaint may be dismissed if at any point during the formal resolution process it is determined by the Investigator, the Director of Equity & Title IX, or the Decision-makers, that there is no reasonable cause to believe that the EO Policy has been violated.

Formal complaints may only be submitted by a “Complainant” who is an individual or group of individuals who have been subjected to alleged conduct in violation of the EO Policy. Filing the formal complaint does not imply prejudgment concerning whether there has been a formal finding of discrimination or harassment. A Complainant is a “party”.

A “Respondent” is an individual, group of individuals, or an entity (department or office) who has been alleged to have engaged in conduct in violation of the EO Policy. This term does not imply pre-judgment concerning whether there has been a formal finding of discrimination or harassment. A Respondent is a “party”.

A “Witness” is a person believed to have relevant information related to alleged conduct, including but not limited to someone who was present when the incident occurred; someone the Complainant or Respondent communicated with about the incident(s); or, someone who possesses relevant information in some other form.

“Relevant” evidence or information are facts that have a logical connection to the conduct alleged – whether to prove or disprove, and may also include contextual facts that provide Investigator(s) and decision-makers with a fuller understanding of what occurred. Generally, information about a person’s character and statements of personal opinion not considered relevant, unless relevant to assist the Investigator(s) and Decision-makers assess credibility or consent

Any information that has already been provided to the College does not have to be provided again on this form. You can simply leave blank or state “already provided.” If information is unknown, simply indicate “n/a” or “unknown”. Questions about this form may be directed to the Director of

Equity & Title IX Coordinator at jenniferstorm@muhlenberg.edu or 484-664-3562.

Today's Date: _____

Complainant(s) Name(s): _____

Phone Number: _____ E-mail: _____

Preferred Method of Contact: Phone E-mail Text Other: _____

College Affiliation: Student Faculty Staff Other _____

Incident Date: _____

Incident Time: _____

Incident Location:
 Campus Building
 Campus Outdoors
 Organization House
 Off Campus/Online
(specify below)

Type of Incident:
 Discrimination
 Harassment
 Retaliation

Protected Class(es) Basis for Complaint:
 Age Race
 Ancestry Religion
 Color Sex
 Disability Sexual Orientation
 Gender
 Gender Identity Veteran Status
 Marital Status
 National or Ethnic Origin

Specific Location: _____

Respondent(s) Name(s): _____

College Affiliation: Student Faculty Staff Other _____

Phone Number: _____ E-mail: _____

Social Media Accounts: Facebook Twitter Instagram Snapchat Tik Tok YouTube Other

Witness 1: _____

College Affiliation: Student Faculty Staff Other

Phone Number: _____ E-mail: _____

Witness 2: _____

College Affiliation: Student Faculty Staff Other

Phone Number: _____

E-mail: _____

Witness 3: _____

College Affiliation: Student Faculty Staff Other

Phone Number: _____

E-mail: _____

If there are more witnesses, please include on separate page.

Please describe each alleged discriminatory act. For each action, please include the date(s) the discriminatory act occurred, the name(s) of each person(s) involved, what conduct was involved (verbal or nonverbal), why you believe the discrimination was because of the protected category indicated above, the impact it had on you, and any other relevant information. (If more space is needed, please use a separate page).

Upon notice of an alleged violation under this EO Policy or upon request by a Complainant or Respondent, the College will evaluate whether initial or interim supportive, remedial, responsive and/or protective actions are necessary. Such actions are non-disciplinary, non-punitive, individualized services offered as appropriate, as reasonably available, and without fee or charge to the parties to restore or preserve access to the College's education program or activity, including measures designed to protect the safety of all parties or the College's educational environment, and/or deter harassment, discrimination, and/or retaliation.

Interim or Supportive Measures Requested:

- | | | | |
|--|--|--|---------------------------------------|
| <input type="checkbox"/> No Contact Order | <input type="checkbox"/> Residence Hall Relocation | <input type="checkbox"/> Assistance Reporting to Law Enforcement | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Faculty Notification | <input type="checkbox"/> Facility Access Plan | <input type="checkbox"/> Academic Withdrawal/LOA | _____ |
| <input type="checkbox"/> On-Campus Counseling | <input type="checkbox"/> Campus Police Escort | <input type="checkbox"/> Academic Withdrawal (full) | _____ |
| <input type="checkbox"/> Off-Campus Counseling | <input type="checkbox"/> On-Campus Medical Care | | |

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- | | | |
|---|---|---|
| <input type="checkbox"/> Work Schedule Adjustment | <input type="checkbox"/> Off-Campus Medical Care | <input type="checkbox"/> Legal Support Information |
| <input type="checkbox"/> Academic Adjustment | <input type="checkbox"/> Victim Advocate Outreach | <input type="checkbox"/> Visa/Immigration Information |
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Accommodations:

- I request an interpreter Language: _____
- I request accommodation(s) for a qualified disability _____
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- Resolution Requested:** Informal Resolution Formal Resolution
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After filing this form, all parties will receive notice of the allegations including a copy of this form. Should the allegations change, updated notices will be promptly provided. Witnesses may need to be contacted as part of the investigation. The information you provide is considered private, but not confidential, and is shared only on a "need to know" basis. This will include sharing information with all parties, Investigator(s), and Decision-maker(s).

Signature: _____ **Date:** _____

Printed Name: _____