



# SOUTHWESTERN ADVENTIST UNIVERSITY

## DISCRIMINATION/SEXUAL MISCONDUCT COMPLAINT FORM

### For complaints against a student:

**Instructions:** Submit this form to the Vice President for Student Services. If faculty or staff member is made aware of an allegation in which the accused is a student, he/she must notify the Vice President for Student Services. *Filing an allegation of discrimination or sexual misconduct with the university does not preclude a complainant from filing an allegation with an external agency nor does it extend time limits for such complaints.*

### For complaints against an employee:

**Instructions:** Submit this form to the Human Resources Department.

### Person alleging discrimination/sexual misconduct or person referring the complaint:

Name:	Student ID:
Department:	Email Address:
Contact Address:	
Phone number: (Daytime)	(Evening)
University Status: <input type="checkbox"/> Faculty/Staff <input type="checkbox"/> Student <input type="checkbox"/> Other (Please specify)	

### Person who is accused of discrimination/sexual misconduct:

Name:	Title:
Department:	Email Address:
Contact Address:	
Phone number: (Daytime)	(Evening)
University Status: <input type="checkbox"/> Faculty/Staff <input type="checkbox"/> Student <input type="checkbox"/> Other (Please specify)	

**Describe specific act(s) alleged with names(s), date(s), time(s) and location(s) if possible. If additional space is needed, use reverse side of paper or attach additional sheets.**

**Basis of Discrimination/Sexual Misconduct:**

<input type="checkbox"/> Race/Color	<input type="checkbox"/> Age	<input type="checkbox"/> Sexual Misconduct	<input type="checkbox"/> Gender	<input type="checkbox"/> National Origin/Creed/Ancestry	<input type="checkbox"/> Disability
		<input type="checkbox"/> Height	<input type="checkbox"/> Weight	<input type="checkbox"/> Religion	
		<input type="checkbox"/> Retaliation		<input type="checkbox"/> Veteran Status	

**DISCRIMINATION/SEXUAL MISCONDUCT COMPLAINT FORM CONTINUED**

**Were witnesses present for the alleged behavior?**  Yes  No

**If yes, please list names and contact information:**

Names:	Contact Information:

Comments:

**If alleging sexual misconduct, did you take any action to stop the sexual misconduct?**

Yes  No

**If yes, please summarize the action taken:**

**How would you like to see the situation resolved?**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Received By:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Case ID:** \_\_\_\_\_