



OFFICE OF
**EQUAL OPPORTUNITY
AND ACCESS**
Illinois State University

FORMAL COMPLAINT

CONTACT INFORMATION:

Name (Please Print) _____ Student / Faculty / Staff _____

Address _____

City _____ State _____ ZIP Code _____ Telephone Number _____

Email _____ Alternate Telephone Number _____

Please indicate below the applicable definitions related to your allegation(s):

- Title IX Sexual Harassment (any unwelcome conduct that a reasonable person would find so severe, pervasive, and objectively offensive that it effectively denies a person equal educational access).
- Sexual Misconduct (engaging in any act that is sexual in nature and which is committed without the full and informed consent of all persons involved).
- Sexual Exploitation (engaging in any action that results in one or more persons taking nonconsensual or abusive sexual advantage of another person or persons).
- Dating Violence (violence committed by a person who is or has been in a social relationship of a romantic or intimate nature with the victim)
- Domestic Violence (violence committed by a current or former spouse or intimate partner of the alleged victim; a person with whom the alleged victim shares a child in common; a person who is cohabitating with, or has cohabitated with, the alleged victim as a spouse or intimate partner; a person similarly situated to a spouse of the alleged victim under the domestic or family violence laws of the State of Illinois)
- Stalking (engaging in a course of conduct directed at a specific person that would cause a reasonable person to (i) fear for the person's safety or the safety of others; or (ii) suffer substantial emotional distress)

Retaliation

For the purposes of this process, retaliation includes, but is not limited to harassment, discrimination, threats, or negative impact on employment and/or academic progress. Actions are considered retaliatory if they have a materially adverse effect on the working, academic, or living environment of a person; or if they hinder or prevent the person from effectively engaging in University activities and programs.

DETAILS OF THE COMPLAINT:

When did the alleged harassment and/or discrimination occur? _____

Location(s) of the alleged harassment and/or discrimination:

Please list anyone who may have witnessed the alleged harassment and/or discrimination:

Witness #1

First Name	Last Name	Email or Telephone #	Student/Faculty/Staff
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Witness #2

First Name	Last Name	Email or Telephone #	Student/Faculty/Staff
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Witness #3

First Name	Last Name	Email or Telephone #	Student/Faculty/Staff
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Who engaged in the alleged harassing and/or discriminatory behavior?

Respondent #1

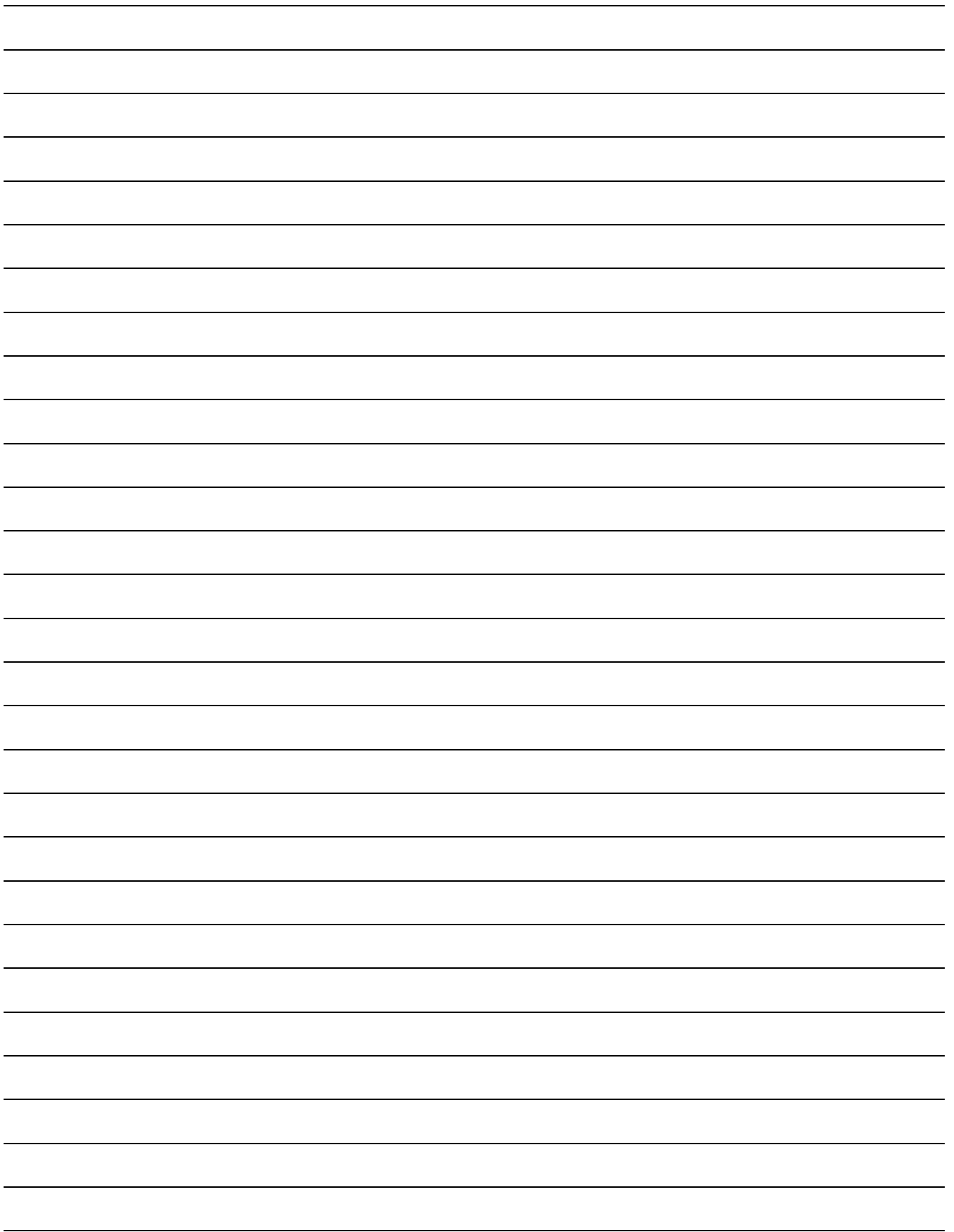
First Name	Last Name	Email or Telephone #	Student/Faculty/Staff
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Respondent #2

First Name	Last Name	Email or Telephone #	Student/Faculty/Staff
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DESCRIPTION OF ALLEGED HARASSMENT AND/OR DISCRIMINATION:

(attach additional sheets if necessary)



<hr/> <i>Signature</i>	<hr/> <i>Date</i>
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