FORMAL COMPLAINT FORM

Policy on Sexual and Gender-Based Harassment and Other Forms of Interpersonal Violence

You do not have to use this form to file a complaint with the University of Virginia Office for Equal Opportunity and Civil Rights (EOCR) pursuant to the Policy on Sexual and Gender-Based Harassment and Other Forms of Interpersonal Violence (Sexual Misconduct Policy). You may send a letter or email instead of this form, but the letter or email must include the information in the items on this form and must include a physical or digital signature. Please fill out all information requested, when known. If you need assistance filling out this form, please contact EOCR at (434) 297-7988 or titleixcoordinator@virginia.edu.

For more information about the conduct that implicates the Sexual Misconduct Policy, visit http://eocr.virginia.edu/title-ix.

1. Complainant Information:

“Complainant” means the student, employee, or third party who presents as the victim of the reported conduct regardless of whether that person makes a report or seeks action under the relevant University policy. Only the Complainant or Title IX Coordinator may file a Formal Complaint.

Last Name: ______________          First Name: ____________            Middle Name: __________

Email or UVA Computing ID: __________       Telephone Number: ________________

Affiliation with UVA:

☐  STUDENT
☐  EMPLOYEE
☐  FACULTY
☐  OTHER _________________

Are you currently participating or attempting to participate in the University’s education programs or activities?

☐  Yes
☐  No
☐  I don’t know
2. Respondent Information

“Respondent” means the student, employee, or third party who committed the reported conduct.

Do you know the Respondent’s identity?

☐ Yes

Last Name: ______________________ First Name: _________________________

Middle Name: ________________ Email or UVA Computing ID: ____________

Telephone Number: ________________

Affiliation with UVA:

☐ STUDENT
☐ EMPLOYEE
☐ FACULTY
☐ OTHER _______________

☐ No, but I have other identifying information. __________________________

☐ I cannot identify the Respondent.

☐ I would prefer not to identify the Respondent. (Note: If the University does not have the identity of the Respondent, the University will not be able to initiate Formal or Informal Resolution).

3. Date of Incident

Do you know the date of the incident?

☐ Yes. Date:___________________

☐ No.

☐ There are multiple dates or the conduct is ongoing. Explain: _______________

4. Incident Location Information

Do you know the location of the incident?

☐ Yes. Address: ________________________________

☐ No, but I have other identifying information. Explain: ____________

☐ No.

Did this occur indoors or outdoors?

☐ Indoors ☐ Unknown

☐ Outdoors
5. The Incident/What Happened

Please provide a description of the incident/conduct you are reporting using specific, concise, descriptive language (who, what, where, when, and how). Additional pages may be used. Please also indicate your desired outcome if applicable:

Were any student organizations involved in the incident?
☐ Yes. Name: ________________________________
☐ No.
☐ I don’t know.

6. University Resolution

By filing this Formal Complaint, I am seeking to initiate a Formal Resolution or Informal Resolution pursuant to the Grievance Process or Misconduct Procedures. I understand that in order to initiate either Formal Resolution or Informal Resolution, I must be the Complainant or the Title IX Coordinator and my identity will be revealed to the Respondent.

___________________________________________
Printed Name

___________________________________________
Signature

___________________________________________
Date

☐ Check here if signed by Title IX Coordinator