



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
- Outdoors
- Unknown

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