



# 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](mailto: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**