

# La Sierra University

## Sex Discrimination, Sexual Misconduct and Sexual Harassment Complaint Form

Date of Complaint: \_\_\_\_\_

Anyone may file a formal complaint or report incident(s) of sex discrimination, sexual harassment (including sexual assault, dating violence, domestic violence, and stalking), sexual exploitation, and/or retaliation. One does not need to have experienced the alleged incident in order to file a formal complaint or report.

### Complainant (the person alleged to be the victim of conduct that would constitute sexual harassment/sexual misconduct and thus a violation of La Sierra University Title IX policy).

Name: \_\_\_\_\_ LSU ID Number: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Gender: \_\_\_\_\_ Class Standing/Title: \_\_\_\_\_

Campus Status:  Student  Faculty  Staff  Administrator  
 Community Member  Guest/Visitor  Contract Employee  
Other \_\_\_\_\_

Preferred Method of Contact:  Phone  Email  Text Other \_\_\_\_\_

### Respondent (the person alleged to have violated La Sierra University Title IX policy).

Name: \_\_\_\_\_ LSU ID Number: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Gender: \_\_\_\_\_ Class Standing/Title: \_\_\_\_\_

Campus Status:  Student  Faculty  Staff  Administrator  
 Community Member  Guest/Visitor  Contract Employee  
Other \_\_\_\_\_

### 3<sup>rd</sup> Party Reporter (if applicable)

Name: \_\_\_\_\_ LSU ID Number: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Gender: \_\_\_\_\_ Class Standing/Title: \_\_\_\_\_

Campus Status:  Student  Faculty  Staff  Administrator  
 Community Member  Guest/Visitor  Contract Employee  
Other \_\_\_\_\_

Preferred Method of Contact:  Phone  Email  Text Other \_\_\_\_\_

## Alleged Incident(s) Information

**Type of Incident:** Check all that apply.

<input type="checkbox"/> Retaliation	<input type="checkbox"/> Sexual Discrimination
<input type="checkbox"/> Sexual Exploitation	<input type="checkbox"/> Sexual Harassment (including Sexual Assault, Dating Violence, Domestic Violence, and Stalking)
<input type="checkbox"/> Pregnancy	
<input type="checkbox"/> Unsure	

**Location of Incident:** \_\_\_\_\_

<b>Witness 1:</b> _____	<b>Contact Information:</b> _____
<b>Phone:</b> _____	<b>Email:</b> _____
<b>Campus Status:</b> <input type="checkbox"/> Student <input type="checkbox"/> Faculty <input type="checkbox"/> Community Member	<input type="checkbox"/> Staff <input type="checkbox"/> Administrator <input type="checkbox"/> Guest/Visitor <input type="checkbox"/> Contract Employee

<b>Witness 2:</b> _____	<b>Contact Information:</b> _____
<b>Phone:</b> _____	<b>Email:</b> _____
<b>Campus Status:</b> <input type="checkbox"/> Student <input type="checkbox"/> Faculty <input type="checkbox"/> Community Member	<input type="checkbox"/> Staff <input type="checkbox"/> Administrator <input type="checkbox"/> Guest/Visitor <input type="checkbox"/> Contract Employee

<b>Witness 3:</b> _____	<b>Contact Information:</b> _____
<b>Phone:</b> _____	<b>Email:</b> _____
<b>Campus Status:</b> <input type="checkbox"/> Student <input type="checkbox"/> Faculty <input type="checkbox"/> Community Member	<input type="checkbox"/> Staff <input type="checkbox"/> Administrator <input type="checkbox"/> Guest/Visitor <input type="checkbox"/> Contract Employee

Include additional witnesses on the back of this form.

**Description of the Alleged Incident(s):** Please attach supporting documentation or evidence if available. You may also attach additional pages if needed to describe the alleged incident(s).

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### Supportive Measures

Supportive measures are non-disciplinary, non-punitive individualized services offered without fee or charge to restore or preserve access to the University's programs and activities. Supportive measures can include, but are not limited to, no contact orders, campus safety planning/escorts, academic/work accommodations.

A Formal Complaint is not necessary to receive supportive measures.

#### Would the Complainant like supportive measures?

- Yes. Please refer the Complainant to the Title IX Coordinator to discuss and coordinate measures on their behalf, or work with them to schedule an appointment with the Title IX Coordinator.
- No. Inform the Complainant that they may change their mind at any time, show them where they can find more information regarding the measures and ask them to sign below.

With my signature below, I acknowledge that I am not requesting supportive measures by the College at this time. I have been informed that I may change my mind at a later time and explore/request supportive measures through the Title IX Office. Those measures will be offered to me free of charge.

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

#### Third Party Comments if applicable:

#### Does the Reporting Party wish for assistance in contact law enforcement or off-campus resources?

- Yes. Riverside Police Department (911 or 951-354-2007) to report to law enforcement. Riverside Area Rape and Crisis Center (951-686-7273) for free and confidential dating/domestic violence, sexual assault, stalking information and assistance.

Contact the Title IX Coordinator at (951) 785-2849 or via email at: [titleix@lasierra.edu](mailto:titleix@lasierra.edu) for assistance.

- No. Inform the Complainant that if they change their mind, you are available to assist them. They may also ask from assistance from the Title IX Office, Public Safety, the Counseling Center, Health Services, or any other employee of the College.

#### Third Party Comments if applicable:

**Does the Complainant (or 3<sup>rd</sup> party reporter) wish to file a formal complaint?**

Yes. With my signature below, I am requesting the University to investigate the incident(s) summarized in this report.

**Complainant (or 3<sup>rd</sup> party reporter) Signature:** \_\_\_\_\_

No. Inform the Complainant (or 3<sup>rd</sup> party reporter) that they may change their mind at any time.

**Third Party Comments if applicable:**

Provide the Complainant with a copy of the party rights and on-campus/off-campus resource list

**Third Party (if applicable)**

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

**Third Party Signature:** \_\_\_\_\_

**Please complete and return to Title IX Coordinator within one (1) business day of the intake meeting.**