

## Title IX Sexual Harassment, Discrimination and Retaliation Complaint Form

Title IX of the Education Amendments of 1972 (20 U.S.C. § 1681) is an all-encompassing federal law that prohibits discrimination based on the gender against students and employees of educational institutions which receive federal financial assistance. When the form has been completed and then signed by you and the Title IX Coordinator, your complaint has been properly received and registered by the University. The University will provide you with a copy of this form and information about the Title IX process.

The Title IX Coordinator	I am filing this complaint as: check one:				
and/or designee investigates complaints by faculty, staff,		☐ Faculty	□ Staff	□ Student	
and students who believe themselves or other	Name:				
members of the University community to be harmed	Departmen	t (if applicable)			
by sexual harassment, discrimination, sexual misconduct or retaliation	Work/Scho	ol Phone:			
related to gender.	Home Phor	ie:			
	Home Addr	ess:			
	departmen	t at the Univers		f any other e list the name(s) and you have discussed this	
	ז ז ז ז ז ז ג ג ג ג ג ג ג ג ג ג ג ג ג ג	mplaint (Check all         Bullying         Cyber bullying         Gender Discrir         Gender Inequit         Sexual Harassn         Sexual Harassn         Sexual Miscond         Stalking         Rape         Retaliation         Relationship Vi	nination y nent luct		

Complaint: Describe your complaint. Please provide as much specific information as possible. You may attach additional pages describing your complaint if necessary. (Please include date and location of incident)

Name of person(s) you believe committed the offense against you or another member of the University community, and their association with you or the other member of the University community. (supervisor, co-worker, faculty, student, staff)

Describe the corrective action you are seeking.

For retaliation complaints, please explain why/how you believe someone retaliated against you or another member of the University community.

Witnesses (The association student, etc.)	information requested means supervisor, co-wo	orker, staff, faculty, fellow
I. Name	Association	Telephone
2. Name	Association	Telephone
3. Name	Association	Telephone

3.	Name

CRITICAL INCIDENT RESPONSE:				
YES	NO	N/A		
			Do you want to receive <b>medical services</b> at the Center for Health located in the lower level of Milton Court, Rutherford Campus?	
			Do you want to receive <b>medical services</b> at the Hackensack University Medical Center or St. Mary's General Hospital?	
			Do you want to receive <b>confidential counseling</b> at the Counseling Center?	
			Do you want to file a report with the Rutherford Police or Felician Safety and Security or another law enforcement agency?	
			Other (Describe):	

## OFFICE VISIT FOLLOW-UP/DELAYED REPORT

YES	NO	N/A			
			Were you informed of where to fin conduct process?	nd the Code of Student Conduct and a description of the	
			Do you want to file a report with t agency?	he Rutherford Police or another law enforcement	
			Do you want to file criminal charges against the accused person?		
			Do you want to file a complaint or have you already filed a complaint with Human Resources or Safety and Security?		
			Do you want to file a formal Title IX complaint at this time to initiate an investigation?		
			At this time, are you undecided as to whether you want to pursue any of the reporting options available to you?		
SUPPORTIVE MEASURES: WE DISCUSSED INFORMATION AND OPTIONS REGARDING THE FOLLOWING MEASURES. (CHECK ALL THAT APPLY AND INDICATE ACCOMMODATIONS THAT ARE REQUESTED OR IN PLACE AT THIS TIME.)					
□ Restriction from contact with accused student (i.e. mutual or one-way no contact order)		· ·	□ Change of housing for either accused or reporting individual		
□ Reasonable safety accommodations (including		ty accommodations (including	□ Academic accommodations/relief (such as alternate		

 security escort, or other accommodations)
 classroom or schedule)

 Room lock change
 Academic support services

□ Change in on-campus work assignment or work relocation or work hours adjustment (Describe):

## INFORMATION

**If you elect to file a report with law enforcement**, the Police or another law enforcement agency an officer may conduct an investigation based on potential criminal activity related to the incident you reported. You may also choose to consult a private attorney to explore legal options.

**If you elect not to pursue or participate in disciplinary action (as applicable) with the Title IX Office**, the University may determine it is necessary to pursue the complaint process without your involvement. You will be notified if such an action is needed. In addition, the University may be required to document this report for Clery Act statistics. The Clery Act requires all colleges and universities that participate in federal financial aid programs to keep and disclose information about crime on and near their respective campuses. No personally identifiable information about you is disclosed in the preparation and publishing of Clery Act reports.

The University can act on your complaint if you decide to pursue it at a later date. You may request further action at any future time, consistent with the institution's policy. The longer the period of time lapsed from the time of the incident, the more difficult it will be to obtain information.

You may have protections under Title IX and the Violence Against Women Act (VAWA)/Clery Act. Sexual harassment, sexual assault, and sexual violence are forms of sex discrimination and therefore violate law and policy. Retaliation against anyone who participates in a complaint process will result in appropriate sanctions or other disciplinary action as covered by applicable policies, laws and/or collective bargaining agreements.

You are encouraged to meet with the Title IX Coordinator at any time to discuss your options, concerns and questions. Please contact Onya Brown, Title IX Coordinator browno@felician.edu.

I certify that the above information is true and accurate.

Your signature	Print Name	Date
Title IX Coordinator or Designee accepting the complaint:		
Signature	Print Name	Date