Harassment, Discrimination (Including Sexual Misconduct) and Retaliation
Complaint Form

This form is designed to provide Ottawa University students, employees, faculty, vendors, visitors, or others with a method to report specific information related to an alleged incident(s) of discrimination, harassment (including sexual misconduct), or retaliation.

You are not required to complete the entire form in order for the complaint to be submitted. The University will use the information provided to begin an investigation, which may include contacting the complainant, respondent, and/or any potential witnesses. However, if the report does not contain specific information, the University’s investigation and response may be limited.

Complainant Information*:

Are you a: Student   Employee   Faculty   Vendor   Visitor   Other (Please specify)

If you wish to identify yourself, please fill in the information listed below:

Last Name:    First Name:    MI:

Address:

City:    State:    Zip:

Contact Number:    Email:

* If the person completing this form is the victim, you may choose to identify yourself or not. If you are a third party complainant who is not the victim, include the victim’s identifiable information only if the victim wishes.

* Victims completing this form who provide personally identifiable information can expect the university to follow-up with an appropriate investigation. For information-only reports, victims should omit all personally identifiable information to ensure confidentiality.

Type and Basis of Complaint:

Type of Complaint:    Discrimination    Harassment (including sexual misconduct)    Retaliation

If you are filing a discrimination or harassment complaint, please indicate the protected status(es) that is/are the basis of the alleged behavior:

Race/Ethnicity    Nationality    Sex/Gender    Age    Marital Status

Sexual Orientation    Genetic Predisposition    Religion    Veteran Status    Disability
**Respondent/Accused Information**: Please identify the person against whom your complaint is made.

Name: 

Contact Information: 

Is this person a: Student Employee Faculty Vendor Visitor or Other (Please specify)

Title/Department (if applicable):

Relationship/Association to you:

* If the person completing this form is the victim, you may choose to identify yourself or not. If you are a third party complainant who is not the victim, include the victim’s identifiable information only if the victim wishes. * Victims completing this form who provide personally identifiable information can expect the university to follow-up with an appropriate investigation. For information-only reports, victims should omit all personally identifiable information to ensure confidentiality.

Insert an option to add additional Respondents information

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**Complaint:**

While providing details is essential to investigating your complaint, please be advised that some or all of the information you provide in this section may be shared with the person(s) you are accusing. You may supplement this description later if you wish to share additional details.

1. Describe the incident(s)/event(s) including dates, times, locations, and any potential witnesses to the behavior:

2. Describe the impact that the behavior has had on you:

3. Have you taken any action to stop the behavior? Yes/No
   If so, what actions have you taken and what was the outcome?

4. Please add any additional documents or information that supports your complaint.
   Insert an option to add attachments

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**Resolution:**

What remedy are you seeking?

By submitting this form, I certify that the information I have provided is true and accurate to the best of my knowledge.