



SMU

Office of Institutional Access and Equity

TITLE IX HARASSMENT COMPLAINT FORM

SMU students, staff, faculty, applicants, all other members of the SMU community, and visitors participating in the educational activities or programs of the University may use this form to file a complaint of sexual harassment under Title IX Harassment Policy 2.5.1. Title IX Harassment includes sexual harassment, gender-based harassment, sexual assault, sexual exploitation, dating violence, domestic violence, stalking, and retaliation. Please complete as much of this form as possible. The Office of Institutional Access and Equity will use the information provided to begin an investigation, which may include contacting the Complainant, Respondent, and/or any potential witnesses. Filing a complaint will invoke the grievance procedures outlined in SMU's Title IX Harassment Policy 2.5.1, if applicable. Please note that this form can also be used for third-party reports of Title IX Harassment.

COMPLAINANT INFORMATION:

Form with fields: Affiliation with SMU (Check one or more): Student ___ Staff ___ Faculty ___ Applicant ___ Visitor ___ Other (Please specify); Full Name (First, Middle, Last); Employee/Student ID #; Title/Department (if applicable); Address; Contact Information: Phone; Email.

THIRD-PARTY REPORTER INFORMATION:

Form with fields: Affiliation with SMU (Check one or more): Student ___ Staff ___ Faculty ___ Applicant ___ Visitor ___ Other (Please specify); Full Name (First, Middle, Last); Employee/Student ID #; Title/Department (if applicable); Address; Contact Information: Phone; Email; Relationship to Parties.

RESPONDENT/ACCUSED INFORMATION:

Form with fields: Affiliation with SMU (Check one or more): Student ___ Staff ___ Faculty ___ Applicant ___ Visitor ___ Other (Please specify); Full Name (First, Middle, Last); Employee/Student ID #; Title/Department (if applicable); Address; Contact Information: Phone; Email; Relationship to Respondent.

NATURE OF VIOLATION: (Check all that apply)

<input type="checkbox"/>	Sexual Harassment	<input type="checkbox"/>	Sexual Exploitation	<input type="checkbox"/>	Stalking
<input type="checkbox"/>	Gender-Based Harassment	<input type="checkbox"/>	Dating Violence	<input type="checkbox"/>	Retaliation
<input type="checkbox"/>	Sexual Assault	<input type="checkbox"/>	Domestic Violence	<input type="checkbox"/>	

Note: Please consult the Title IX Harassment Policy for definitions.

COMPLAINT: Describe the incident(s) including dates, times, and locations. Attach additional pages or documents as needed.

If you also reported this information to any other department on campus or to a law enforcement agency, please provide the name, title/department or law enforcement agency, and the phone number of the individuals contacted. Attach additional pages or documents as needed.

Name	Title/Department	Phone Number

WITNESSES: Please provide the name, relationship to the Complainant, and phone number of any potential witnesses to the incident(s). Attach additional pages or documents as needed.

Name	Relationship	Phone Number

RESOLUTION: Please state or describe the remedy/resolution you are seeking.

By submitting this form, I certify that the information provided is true and accurate to the best of my knowledge. I understand that making a false complaint is a violation of University policy and can result in sanctions.

Printed Name of Submitter

Signature

Date

Please email this form and relevant documents to AccessEquity@smu.edu. Alternatively, you may return it to the Office of Institutional Access and Equity located in the Perkins Administration Building, Room 204. To speak to the Title IX Coordinator or designee, please call 214-768-3601. To access the Title IX Harassment Policy 2.5.1 or for more information, please visit the Office of Institutional Access and Equity website: <http://www.smu.edu/iae>.

----- For Internal Use Only -----

Received by:	Date Received: