



Appendix A

SEXUAL MISCONDUCT COMPLAINT FORM

Please complete the following. If you have supporting evidence, you may include it with this Complaint. You will have additional opportunities to provide evidence should an investigation move forward. Thank you.

Name: _____

Email address: _____

Telephone: _____

Do you wish to be contacted via email or telephone or some other method?

I am filing this report (check all applicable boxes):

- On my own behalf
- On someone else's behalf

I am reporting (check all applicable boxes):

- Dating Violence
- Domestic Violence
- Sexual Harassment
- Sexual Assault
- Stalking
- Other policy misconduct (please describe):

Date of event(s): _____

Location of event(s): _____

Complainant (*person who experienced sexual harassment*) is a (check all applicable boxes):

- Student
- Admin. Staff
- Faculty
- Other (please describe): _____



Respondent (person who committed sexual harassment) is a (check all applicable boxes):

- Student Admin. Staff Faculty
 Other (please describe): _____

Describe in as much detail as possible the event(s) that occurred. Please include the name(s) of all parties involved and the name(s) of any witnesses or individuals who may have knowledge of the event(s). Add additional sheets as needed. Be sure to review the next page and submit it with your signature and date.



I, the undersigned, do hereby authorize the Title IX Coordinator or other designated Northeastern Illinois University official to conduct inquiries or investigation procedures with respect to the investigation/resolution of this Complaint. I understand that information regarding my Complaint may be shared with applicable University officials in order to acquire sufficient information with respect to the investigation, as well as, any follow-up that may be required in relation to the University's response to my Complaint.

*I also authorize the University to use whatever information may be obtained with respect to this Complaint in any legal or formal grievance proceedings that may involve the issues contained herein, with one key exception. **The University may not use records made or maintained by medical or mental health professionals without my voluntary, written consent.***

I affirm that this Complaint is true to the best of my knowledge, information, and belief.

Signature

Date

Please return the original, signed Complaint to Northeastern Illinois University, Title IX Office, 5500 N. St. Louis Ave., Office C216, Chicago, IL 60625-4699 or via email at titleix@neiu.edu.