Appendix A

Northeastern Illinois University
Office of Equal Opportunity and Ethics

SEXUAL MISCONDUCT COMPLAINT FORM

Please complete the following:

Name ___________________________ Address ___________________________

Telephone Number ___________________________ Status (Student, Employee, Applicant or Visitor) ___________________________

Department and Title (for employees)

If you believe you have been subject to sexual misconduct by any member of the University community or while participating in a University sponsored activity, you are urged to bring it to the attention of the University’s Title IX Coordinator. If you would like to initiate a criminal investigation of a sexual assault, immediately call the University Police at 773-442-5511 or local police at 911.

Please complete the following:

Describe the incident that you believe is sexual misconduct:
(attach additional sheets if necessary)
Please list anyone who may have witnessed the sexual misconduct incident you described:
(attach additional sheets if necessary)

Witness #1

____________________________________ ____________________________________
Name  Address

____________________________________ ____________________________________
Telephone Number  Status (Student, Employee, Applicant or Visitor)

Witness #2

____________________________________ ____________________________________
Name  Address

____________________________________ ____________________________________
Telephone Number  Status (Student, Employee, Applicant or Visitor)

Witness #3

____________________________________ ____________________________________
Name  Address

____________________________________ ____________________________________
Telephone Number  Status (Student, Employee, Applicant or Visitor)

Witness #4

____________________________________ ____________________________________
Name  Address

____________________________________ ____________________________________
Telephone Number  Status (Student, Employee, Applicant or Visitor)
Who was responsible for the sexual misconduct incident you described?  
(attach additional sheets if necessary)

**Respondent #1**

Name ___________________________  Address ___________________________

Telephone Number ___________________________  Status (Student, Employee, Applicant or Visitor) ___________________________

**Respondent #2**

Name ___________________________  Address ___________________________

Telephone Number ___________________________  Status (Student, Employee, Applicant or Visitor) ___________________________

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 activities 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. I affirm that I have read the above complaint and that it is true to the best of my knowledge, information, and belief.

______________________________  ___________________________
Signature  Date

Please return to Northeastern Illinois University, Office of Equal Opportunity and Ethics (Title IX Officer), 5500 N. St. Louis Ave., Office C216, Chicago, IL 60625-4699 or via email at titleix@neiu.edu Phone: 773-442-5412.