

LIBERTY

UNIVERSITY

OFFICE of EQUITY
& COMPLIANCE

Formal Complaint

Information Regarding the Complainant:

Name of the Complainant: _____ LUID: _____

The Complainant is – *please check one*: an employee a student not affiliated with the University
For faculty, staff, & students, indicate whether current or former

Information Regarding the Respondent:

Name of the Respondent: _____ LUID: _____

The Respondent is – *please check one*: an employee a student not affiliated with the University
For faculty, staff, & students, indicate whether current or former

Information Regarding the Alleged Prohibited Conduct:

Time and date of the alleged Prohibited Conduct: _____

Location of the alleged Prohibited Conduct:

on campus: _____

off campus: _____

Witnesses or third parties who may have information regarding the alleged Prohibited Conduct:

Type and Description of Alleged Prohibited Conduct:

Discrimination (inequitable and unlawful treatment based on a person's protected status)

Harassment Non-Sexual (unwelcome verbal, written, or physical conduct is directed toward a person based on protected status other than sex by any member of the University community)

Sexual Harassment - *Please indicate the following type(s):*

Quid Pro Quo Sexual Assault Dating/Domestic Violence Stalking Sexual Exploitation

Other Civil Rights Offenses - *Please indicate the following type(s):*

Threats/Harm Intimidation Hazing Bullying

Complicity Retaliation False Reporting

By signing this form, I acknowledge that Liberty University will begin an investigation into the matter indicated above. I understand I have the right to discontinue the investigation process at any time, unless the University determines enough evidence or threat exists to warrant continuation. I understand the Respondent in this matter will receive notice of these allegations. I also understand that this matter may be resolved through an informal resolution, a live hearing conducted by decision-maker, or a finding made by the investigator as appropriate under the Policy.

Signature of the Complainant

Date Signed