

LIBERTY
UNIVERSITY
OFFICE of EQUITY
& COMPLIANCE

Formal Complaint

Information Regarding the Complainant (person reported to have experienced Prohibited Conduct):

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 (person reported to have committed Prohibited Conduct):

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:

Date and Time of the Prohibited Conduct: _____

Location of the Prohibited Conduct:

on campus: _____

off campus: _____

Names and Contact Information of Witnesses or Third Parties who may have information regarding the Prohibited Conduct:

Type of Alleged Prohibited Conduct (for definitions, see Section 6 of the [Sexual Misconduct Policy](#)):

Please indicate the following type(s):

Quid Pro Quo Sexual Harassment Hostile Environment Sexual Harassment Sexual Assault

Dating Violence Domestic Violence Stalking Sexual Exploitation Complicity

Retaliation/Interference with Process Attempt to Commit Prohibited Conduct

By signing this Formal Complaint, I acknowledge that this initiates the complaint resolution process with Liberty's Office of Equity and Compliance/Title IX regarding the matter indicated above. I understand I have the right to discontinue the process at any time unless Liberty 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 a Hearing Officer(s), or a finding made by an appointed Adjudicator(s) as appropriate under the Sexual Misconduct Policy.

Signature of Complainant or Title IX Coordinator

Date Signed