

# Texas Tech University Complaint of Sexual Harassment, Sexual Assault, or Sexual Misconduct

This form is to be used only for complaints of Sexual Misconduct brought pursuant to OP 40.03. Sexual Misconduct is a broad term encompassing all forms of gender-based harassment or discrimination and unwelcome behavior of a sexual nature. The term includes sexual harassment, nonconsensual sexual contact, nonconsensual sexual intercourse, sexual assault, sexual exploitation, stalking, public indecency, interpersonal violence, sexual violence, and any other misconduct based on sex. While sexual orientation and gender identity are not explicitly protected categories under state or federal law, it is the University's policy not to discriminate on these bases.

Include only one incident per complaint. Additional pages may be used for the same complaint; however, separate forms should be used for separate complaints. Refer to OP 40.03 for additional information.

Name of Person Filing Complaint: \_\_\_\_\_

R#: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Permanent Address, if different: \_\_\_\_\_

Work Email Address: \_\_\_\_\_

Personal Email Address: \_\_\_\_\_

Preferred Method of Contact: \_\_\_\_\_

Employing Department: \_\_\_\_\_

Name of Immediate Supervisor: \_\_\_\_\_

Date of the alleged action or violation: \_\_\_\_\_

Are you filling out this form on behalf of yourself or another person? If you are filling it out for someone else, please give their name and contact information.

\_\_\_\_\_

Provide a clear and concise statement of the complained of behavior.

\_\_\_\_\_

\_\_\_\_\_

Location of the alleged action or violation.

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Please provide the name(s) and contact information of the person you are complaining about.

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Please provide the name(s) and contact information of any witnesses.

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Please provide the names of any persons or entities to whom any violation of laws was reported and the date of the report.

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What TTU policy, procedure, or state or federal law do you believe was violated and how?

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What specific resolution do you seek?

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Please print and sign this form. Include all relevant documentation including notices of employment actions, counseling, e-mail, and/or photographs. Once signed, please return to the Title IX Coordinator, Title IX Deputy Coordinator, or the Office of Equal Employment Opportunity. You may also contact your local HR office for assistance or questions. An employee is allowed to present a complaint without retaliation.

Complaining Party's Signature: \_\_\_\_\_

Date: \_\_\_\_\_