



Wesleyan College Discrimination, Harassment and Sexual Misconduct Complaint Form

Filing a Discrimination, Harassment, or Sexual Misconduct Complaint

Complete this form and mail, email or bring it to the Chief Compliance Officer's office or the Title IX Coordinator's office as listed below. You may also make arrangements for a representative to meet with you. If you are unable, for any reason, to complete this form and would like to make a verbal complaint, please call or stop by for the CCO and/or the Title IX Coordinator to make note of your complaint.

Although Wesleyan cannot commit to keeping a complaint of discrimination confidential because of its obligation to investigate the complaint, Wesleyan will use its best efforts not to disseminate information concerning the complaint beyond those who have a need to know. Contact the Chief Compliance Officer, Julie Daniel, or the Title IX Coordinator, Kathy Malone, if you have any questions regarding the process of filing or investigating a complaint.

Complaints of discrimination and harassment should be directed to:

Julie Daniel

Chief Compliance Officer and Director of Human Resources

Tate Hall, Office 12, Department of Human Resources

(478) 757-3803

jdaniel@wesleyancollege.edu

Complaints of sexual misconduct should be directed to:

Kathy Malone

Director of Health and Wellness and Title IX Coordinator

OSP, Room 402

(478)757-3775

kmalone@wesleyancollege.edu

Note: A victim of discrimination or harassment is encouraged to use Wesleyan's internal complaint process. A person believing they have been discriminated against or harassed may also seek assistance from government agencies such as the United States Equal Employment Opportunity Commission or the United States Department of Education's Office of Civil Rights.

The anonymous compliance line is 478-757-3713 or via email at

compliance@wesleyancollege.edu

Circle which applies regarding your status at Wesleyan:

Faculty

Staff

Student

Employment Applicant

Student Applicant

Other, Explain: _____

Name: _____

Cell phone: _____ **Home phone:** _____

Work Address/Resident Hall:

Home Address: _____

Supervisor (or RA): _____

Type of Complaint (Circle selection):

Discrimination

Stalking

Sexual Harassment

Sexual Assault

Sexual Misconduct

Retaliation

Other: _____

On the Basis of (Circle Selection):

Age

Disability

Gender/Sex

Genetic Information

National/Ethnic Origin

Citizenship Status

Pregnancy

Race/Color

Religion/Creed

Sexual Orientation

Gender Identity or Expression

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Describe the corrective action you are seeking (Attach additional pages if necessary):

For retaliation complaints, please explain what actions you believe would lead someone to retaliate against you:

Witnesses (full name, relationship to you, email address and phone number):

1.

2.

3.

Have you brought this matter to the attention of any other Office(s)/Department(s) at Wesleyan? If so, please list the name(s) and Office(s)/Department(s) of all other persons with whom you have discussed this matter and when this discussion occurred:

I certify the information mentioned is true and correct to the best of my knowledge.

X

Date: _____

For completion by Wesleyan College officials

Complaint Form received by: _____

Signature: _____ Date: _____

Other notes (please indicate if the Recipient completed this form during a verbal report):