

FILE A REPORT OF DISCRIMINATION OR HARASSMENT

Do not use this form to report events presenting an immediate threat to life or property, If you require emergency assistance, please contact the following:

- Richmond Campus:
 - a. Richmond Police (911) for emergencies; (311) or (804.646.5100) for non-emergencies
 - b. Security - contracted through RMC Events (804.499.8577) from 5 p.m. to 12 a.m. Vice President of Finance and Administration (804.278.4235)
 - c. Facilities Office (804.278.4218) from 8 a.m. to 4:30 p.m.
 - d. After Hours Assistant (804.317.7555) from 4:30 p.m. to 8 a.m.
- Charlotte Campus:
 - a. Charlotte-Mecklenburg Police Department (911) for emergencies
 - b. (311) for non-emergency crime reporting
 - c. Vice President of Administration & Dean of Students Charlotte Campus (980.636.1669)

Why use this form?

This form is available for making complaints of discrimination or harassment, including, but not limited to, sexual violence and discrimination that you believe may be in violation UPSem's Non-Discrimination and Anti-Harassment Policy. Complaints may also be made directly to the appropriate Title VI/Title IX Coordinator by email (michelle.walker@upsem.edu or lisa.mclennan@upsem.edu).

Who should use this form?

This form can be used by students, employees, field education supervisors, and visitors wishing to make a complain on their own or someone else's behalf.

What happens after I fill out this form?

The information is sent to the appropriate Coordinator who will determine what, if any, action by the seminary is necessary. You will ordinarily receive a follow-up message from one of the Coordinators within three business days.

Is the information in this form confidential?

The seminary will make every effort to protect the privacy of all involved, but the information you provide by completing this form is not confidential and may be shared as necessary for UPSem to take appropriate action.

DISCRIMINATION OR HARASSMENT COMPLAINT FORM

Information Regarding the Complainant:

Name of the Complainant: _____

Complainant's Phone Number: _____ Email address: _____

The Complainant is (please check one):
 a faculty member a student
 a staff member not affiliated with the Seminary
 an employee acting as a "Responsible Referral"

For faculty, staff, & students, indicate whether current or former

Information Regarding the Respondent:

Name of the Respondent: _____

The Respondent is (please check one):
 a faculty member a student
 a staff member not affiliated with the Seminary

For faculty, staff, & students, indicate whether current or former

Information Regarding the Alleged Misconduct:

Type of Discrimination or Harassment:

- Sex/Gender (includes claims of sexual misconduct)
- Sexual Orientation
- Racial/Gender/Cultural Discrimination
- Discrimination based on Disability
- Other (*please explain*)

Time and date of the alleged Misconduct: _____

Location of the alleged Misconduct:

on campus: _____
 off campus: _____

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

Please provide more information on the type of discrimination or harassment as needed.

Please feel free to use the reverse side of this form or separate pages to continue your description, if desired.

Signature of the Complainant: _____ **Date:** _____