

# HINU Student Sexual Misconduct Policy

## Complaint (In-Take) Form

Pursuant to the HINU Student Sexual Misconduct Policy (“Policy”), this form may be filled out by the complainant or the HINU Campus Advocate Coordinator via an oral report made by the complainant. Although a signature line is included below, it is not required. A complaint may be made orally or in writing, and with or without signature, as long as the communication is objectively understood to request an investigation and determination after receiving an explanation of rights and options by the HINU Campus Advocate Coordinator.

Please fill in as much information as you have. If you do not have the information for a particular field, please leave it blank.

### **Complainant:**

- Complainant’s name:
- Complainant’s student identification number:
- Complainant’s phone number:
- Complainant’s email address:
- Select one of the following that applies to you and your complaint:
  - I am making a claim of sex-based harassment because I am alleging to have been subjected to the sex-based harassment.
  - I am making a claim of sex-based harassment because I have a legal right to act on behalf of the person alleged to have been subject to the sex-based harassment.
  - I am making a complaint of sex discrimination (other than sex-based harassment).

**Respondent:** The individual who is alleged to have violated the Policy’s prohibition on sex discrimination, including sex-based harassment.

- Respondent’s name:
- Respondent’s phone number:
- Respondent’s email address:

**Please list any known witnesses** (individuals who may have direct knowledge, evidence, or information related to the alleged incident(s)) and their contact information:

### **Incident Details, if not already provided:**

- Date of incident(s):
- Approximate time of incident(s):
- Location where the incident(s) occurred:
- Description of what happened (or what you think happened if you were asleep or incapacitated) such as (behaviors, dates, times, locations, etc.):

I am submitting this complaint requesting HINU investigate and recognize the HINU Campus Advocate Coordinator will provide all parties with reasonable opportunity to review and respond to the evidence or investigative report to determine whether prohibited discrimination under the Policy occurred. I understand that all evidence, including this statement, will be shared with the respondent. I have been explained my rights and options by the HINU Campus Advocate Coordinator or designee.

Signed: \_\_\_\_\_

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