



MASSACHUSETTS COLLEGE OF LIBERAL ARTS

TITLE IX SEXUAL HARASSMENT COMPLAINT FORM

This form can be used to report information necessary to initiate an investigation of alleged sexual harassment, sexual assault, domestic or dating violence, stalking, or retaliation pursuant to the MCLA's Equal Opportunity, Diversity and Affirmative Action Plan (EO Plan) Title IX Sexual Harassment Policy. All reasonable efforts will be made to maintain the involved parties' privacy during the investigation and resolution procedure.

It is a violation of MCLA Policy to retaliate against a student, employee or any other person affiliated with the University for filing a complaint or for cooperating in an investigation of a complaint.

All parties to a complaint may have an advisor assist them throughout the process in accordance with the Title IX Sexual Harassment Policy, Student Code of Conduct and applicable collective bargaining agreements. Pursuant to Weingarten, respondents who are unit members may have a union representative present at any meeting which the unit member reasonably believes may result in discipline. All parties are required to have an advisor present at the live hearing. If you do not have an advisor to appear with you at the hearing, MCLA will provide one to you at no cost. Please contact the Title IX Coordinator to request an advisor.

This form may be submitted in person, via email, or regular mail to:

Nicole Comstock, Title IX Coordinator
Office Location: 309C Venable Hall
Mailing Address: 375 Church St., North Adams, MA 01247
nicole.comstock@mcla.edu

1. Date Filed:

2. Date(s) of Alleged Incident(s):

3. Complainant's Name (Print):

4. Complainant is (Check One): Student: Employee:

Other (describe relationship to MCLA):

5. Type of alleged sexual violence or other prohibited conduct (for definitions refer to the EO Plan):

- | | |
|--|---|
| <input type="radio"/> Sexual Assault- Rape | <input type="radio"/> Domestic Violence |
| <input type="radio"/> Sexual Assault- Fondling | <input type="radio"/> Dating Violence |
| <input type="radio"/> Incest | <input type="radio"/> Sexual Harassment |
| <input type="radio"/> Statutory Rape | <input type="radio"/> Retaliation |
| <input type="radio"/> Stalking | <input type="radio"/> Other |

6. Name of individual(s) you believe harassed you, retaliated against you, or engaged in violence toward you:

7. Respondent is: Student Employee Other

8. List any witnesses:

9. List any others with knowledge of the incident(s):

10. Description of Complaint—please list the location(s) and sequence of events, including dates if possible, and any relevant facts, statements and/or evidence currently known to you. If additional space is needed, please attach additional sheets:

11. Do you wish to request to attempt to resolve this formal complaint through an informal resolution process, if the other party agrees? Yes No

To the best of my knowledge and belief, the above information is complete, true and accurate and not a “false charge” as defined under the EO Plan, and I hereby submit this complaint under the University’s Complaint Investigation and Resolution Procedure.

Signature of Complainant

Received by

on: