



Relationship Conduct Policy Complaint Form

King University prohibits discrimination against or harassment of members of the campus community on the basis of race, color, national origin, sex, gender, pregnancy, disability, genetics, or age.

Staff, faculty, student employees, and applicants for employment who believe they may have been discriminated against, harassed, or retaliated against are encouraged to bring their concerns to the Title IX Coordinator (Holly Aceves, Director of Employee Relations, titleIX@kinge.edu, 423-652-4785), the Assistant Title IX Coordinator (Michael Whiteaker, Director of Safety and Security, mawhiteaker!@king.edu, 423-968-1187). All Complaint Forms are forwarded to the Title IX Coordinator (unless the Title IX Coordinator is involved in the Complaint) for investigation and resolution of the Complaint. For more detailed information about the Complaint process, please see the Relationship Conduct Policy.

Use of the Relationship Conduct Policy Complaint Form is encouraged but is not required to submit a report an alleged violation.

King University encourages prompt reporting of discrimination, harassment or retaliation claims. Prompt reporting will better enable the University to respond to the Complaint, provide an appropriate resolution, and take appropriate remedial action.

COMPLAINANT INFORMATION

Although the University cannot commit to keeping a Relationship Conduct Policy Complaint confidential if that will impede the investigation or correction of the behavior, the information reported will only be shared with those persons necessary to handle the University's response to this Complaint. To remain anonymous when submitting your Complaint Form, indicate so by writing "Anonymous" on the Name line below. PLEASE NOTE: anonymous reports will be taken seriously, however anonymity may hinder the University's ability to fully investigate and resolve the Complaint.

Name _____
Phone Number _____ Email Address _____
Title/Position _____ Department _____



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Your Status at King University:

Staff ____ Faculty ____ Applicant for Employment ____ Student Employee ____

Applicant for Admission ____ Student ____

DETAILS OF COMPLAINT

Indicate the ground(s) on which you are making your complaint:

Race ____ Color ____ National Origin/Ethnicity ____ Sex/Gender ____
 Pregnancy ____ Disability/Medical Condition ____ Genetics ____ Age ____
 Sexual Harassment/Violence ____ Retaliation ____ Other ____

Person(s) responsible for the alleged action(s):

Name	Title/Position	Department	Relationship to you

(supervisor, co-worker, other students, etc.)

Person(s) who have knowledge or information regarding the alleged action(s):

Name	Title/Position	Department	Relationship to you

(supervisor, co-worker, other students, etc.)

To the best of your recollection, on what date(s) did the alleged action(s) take place? If the Complaint alleges ongoing actions, please provide the (approximate) dates during which the actions took place.



What remedy or resolution are you seeking? (What is your preferred outcome?)

By signing this Complaint Form:

- I affirm that, to the best of my knowledge, the information contained herein is true, factual and complete.
- I consent to the release of the above information for the purposes of the University responding in a manner consistent with its obligations under the law, including but limited to an investigation this Complaint.
- I understand that completing this form or otherwise making a Complaint does not extend the time for filing a complaint with an outside agency or in a court of law.
- I understand that the effective date of filing this Complaint is the date this form is actually received, either by email or hard copy, by the Title IX Coordinator, Assistant Title IX Coordinator or supervisor.
- I understand that if I knowingly provide false or fraudulent information in connection with this complaint that I may be subject to disciplinary action.

Signature

Date