

CONTACT: Amie Calvert Title IX Coordinator Beckes Student Union 1101 N. 2nd Street Vincennes, IN 47591

812.888.4102

To file a complaint with the university, please complete and mail, email, or bring this form to the office listed above. Or, you may call the number above to make arrangements to meet with the Title IX Coordinator. If you are unable for any reason to complete this form and would like to make a verbal complaint, please call the contact listed above.

The university will use its best efforts to keep a complaint of discrimination confidential; however, the university has an obligation to investigate the complaint and during the course of the investigation may disseminate information concerning the complaint to those who have a need to know.

Please contact the Title IX Coordinator if you have any questions regarding the process for filing or investigating complaints of discrimination.

A victim of discrimination or harassment is encouraged to use the university's internal complaint process. Persons believing they have been discriminated against or harassed may seek assistance from government agencies including the Department of Labor, Department of Education, or Office of Civil Rights.

Title IX Discrimination Complaint Form Title IX of the Educational Amendments of 1972 prohibits discrimination in education on the basis of

sex. For a full definition, please review the university's published Title IX policies and procedures.

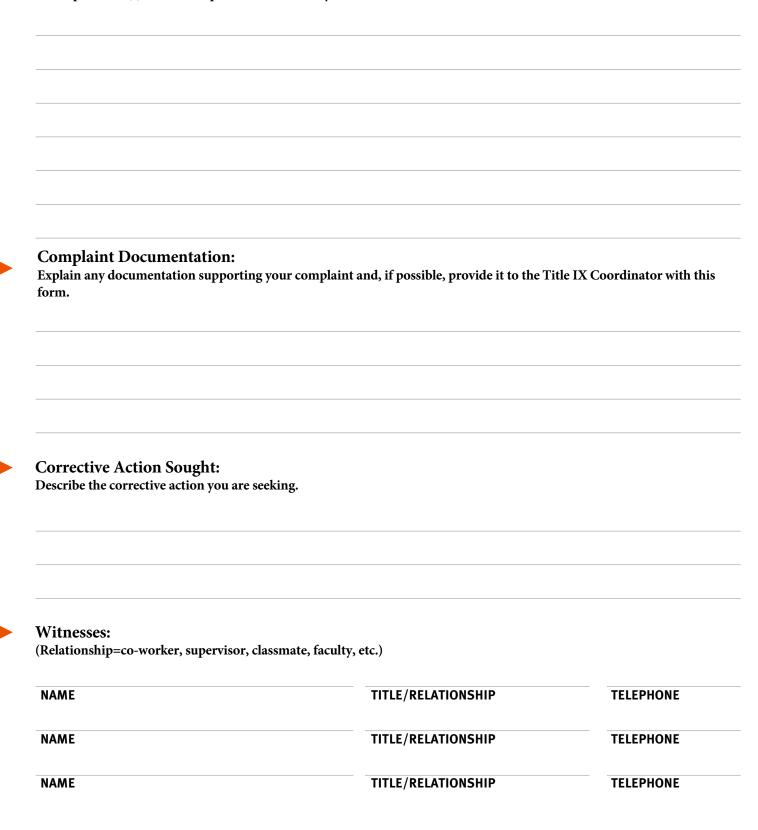
Vincennes University Affiliation (please check) IF OTHER, PLEAS	E EXPLAIN:	
	· · · · · · · · · · · · · · · · · · ·		
EMPLOYMENT APPLICANT			
Complainant			
LAST NAME	FIRST NAME	M.I.	
ADDRESS			
TELEPHONE	EMAIL ADDRESS	MAIL ADDRESS	
Nature of Complaint (please check)			
SEXUAL ORIENTATION	IF OTHER, PLEAS	E EXPLAIN:	
GENDER/SEX			
SEXUAL HARASSMENT/VIOLENCE			
Person You Allege Discriminated Against You:	:		
NAME	TITLE	DEPARTMENT	
Description of Complaint:			
Describe your complaint and why you believe this person of contact with this individual, e.g. supervisor, co-worker, fac retaliation occurred. Attach additional pages if necessary.	culty, etc. Give date(s), time		

Title IX Discrimination Complaint Form



Previous Action:

Have you brought this matter to the attention of any other department(s) at the university? If so, please list the name(s) and department(s) of all other persons with whom you have discussed this matter.



Declaration:

I declare under penalty of perjury that the information provided here is true and correct.