



Title IX Discrimination Complaint Form

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)

- ☐ FACULTY
- ☐ STAFF
- ☐ STUDENT
- ☐ EMPLOYMENT APPLICANT
- ☐ OTHER

IF OTHER, PLEASE EXPLAIN:

Complainant

LAST NAME

FIRST NAME

M.I.

ADDRESS

TELEPHONE

EMAIL ADDRESS

Nature of Complaint (please check)

- ☐ SEXUAL ORIENTATION
- ☐ GENDER/SEX
- ☐ SEXUAL HARASSMENT/VIOLENCE
- ☐ OTHER

IF OTHER, PLEASE EXPLAIN:

Person You Allege Discriminated Against You:

NAME

TITLE

DEPARTMENT

Description of Complaint:

Describe your complaint and why you believe this person discriminated/ retaliated against you. Explain why you have contact with this individual, e.g. supervisor, co-worker, faculty, etc. Give date(s), time(s), place(s) the discrimination/ retaliation occurred. Attach additional pages if necessary.

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▶ **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.

▶ **Complaint Documentation:**

Explain any documentation supporting your complaint and, if possible, provide it to the Title IX Coordinator with this form.

▶ **Corrective Action Sought:**

Describe the corrective action you are seeking.

▶ **Witnesses:**

(Relationship=co-worker, supervisor, classmate, faculty, etc.)

NAME	TITLE/RELATIONSHIP	TELEPHONE
NAME	TITLE/RELATIONSHIP	TELEPHONE
NAME	TITLE/RELATIONSHIP	TELEPHONE

▶ **Declaration:**

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

SIGNATURE	PRINT NAME	DATE
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