



Title IX Discrimination Complaint Form

(including gender equity/sexual harassment/sexual violence)

The seminary has an expectation that employees or students will share information they receive about campus or other crimes that happen at any location that is sponsored by the seminary. This form is intended to convey information needed to track the seminary's response to campus incidents being reported, as well as to assess the danger the incident represents to the community at large. Annual statistical information will be based on this report, as will the need to make timely warnings to the community, for the protection of those who may be at risk.

Instructions: Fill in all fields that apply. Report only one incident per form. Take more space than is given on this form, as necessary, to complete the descriptions. You are to return this form to United or the Title IX Coordinator within 24 hours of becoming aware of any report.

Confidential Reporting

If a reporting party would like the details of an incident to be kept confidential, the reporting party may speak with:

Title IX Coordinators

Steven L. Swallow and Marcia Byrd

United Theological Seminary
4501 Denlinger Road
Dayton, Ohio 45426
titleix@united.edu

We recommend counseling services free of charge to students of United. For more information contact:

Dean of the Chapel and Director of Worship

Rev. Dr. Tesia Mallory

United Theological Seminary
4501 Denlinger Road
Dayton, Ohio 45426
tmallory@united.edu

CONFIDENTIAL TITLE IX DISCRIMINATION COMPLAINT FORM

CAMPUS AFFILIATION

If other, please explain:

COMPLAINANT:

Last Name

First Name

MI

Address

Work Telephone

Home Telephone

NATURE OF COMPLAINT: (Check one or more)

If other, please explain:

PERSON WHO 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, customer, etc. Give date(s), time(s), place(s) the discrimination/retaliation occurred. (Attach additional pages as necessary.) **u^o #=U -Vu**

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. **u^o #=U -Vu**

COMPLAINT DOCUMENTATION: Explain any documentation supporting your complaint. **u^o #=U -Vu**

CORRECTIVE ACTION SOUGHT: (Attach additional pages as necessary.) ° uu° #=U -Vu

[Empty box for corrective action sought]

WITNESSES: (Relationship= co-worker, supervisor, customer, faculty, etc.)

Name Title/Relationship Telephone

Name Title/Relationship Telephone

Name Title/Relationship Telephone

DECLARATION:

I declare under penalty of perjury that the foregoing is true and correct. Your email address in lieu of your signature if this complaint is filed via email.

Signature Print Name Date

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