



Title IX Formal Complaint

To file a formal complaint with the University, please complete and submit this form in person to the Office of Human Resources. When this form has been completed and signed by the complainant, and then signed by the Title IX Coordinator, the formal complaint has been properly received by the University. The complainant will be provided with a copy of this form as well as complete information about the Title IX complaint process as well as supportive measures.

Title IX Coordinator (Students & Employees)

3rd Floor Burt Administration Building
2800 Palmyra Road
Hannibal, Mo 63401
Office of Human Resources
Jordahn Leonard
Phone: (573) 629-3058
Jordahn.leonard@hlg.edu

Although the University cannot commit to keeping a Title IX complaint confidential because of the University's obligation to investigate the complaint, the University will use its best efforts not to disseminate information concerning the complaint beyond those who have a need to know.

Complainant has been given/offered:

- A copy of the formal complaint
- Complaint process
- HLGU's grievance process
- Supportive measures
 - Examples: Counseling, academic accommodations, security escorts, leave of absence, etc....

Report filed by: Victim/Survivor Third Party Anonymous

COMPLAINANT INFORMATION

Check one: Student Faculty Staff Applicant (Student/Employee) Other _____

Name: _____ S-Number: _____

Gender: _____ Race: _____

Local Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Campus Email: _____

(If a student) Classification: _____ Major: _____

(If an employee) Position/Title: _____ College/Dept: _____

TYPE OF COMPLAINT (Check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Age | <input type="checkbox"/> National Origin | <input type="checkbox"/> Sexual Misconduct |
| <input type="checkbox"/> Bullying (Cyber-Bullying) | <input type="checkbox"/> Race | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Retaliation | <input type="checkbox"/> Stalking |
| <input type="checkbox"/> Gender | <input type="checkbox"/> Religion | <input type="checkbox"/> Veteran Status |
| <input type="checkbox"/> Marital Status | <input type="checkbox"/> Sexual Assault | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Medical Condition | <input type="checkbox"/> Sexual Harassment | |

RESPONDENT INFORMATION (Person you believe to be responsible for the alleged act)

Name: _____ Gender: _____ Race: _____

The respondent is: Student Faculty Staff Other _____

(If an employee) Position/Title: _____ College/Dept: _____

Your relationship to the respondent (if any): _____

Date/time of the alleged incident: _____ Location of alleged incident: _____

WITNESSES (Relationship information requested means co-worker, supervisor, faculty, etc)

Witness	Relationship	Phone
Witness 1		
Witness 2		
Witness 3		

Has this incident been reported to any other department(s) at the University?

Yes No If yes, provide the following:

College/Department: _____ Contact Person: _____

Department Location: _____ Phone: _____

Was the incident reported to law enforcement: Yes No If yes, what agency? _____

Describe in detail your complaint (Attach additional sheets if necessary)

[Large empty box for describing the complaint]

Describe your feelings when the incident happened and the corrective action you are seeking (Attach additional sheets if necessary)

[Large empty box for describing feelings and corrective action]

Complainant Certification

I certify that this information is true.

(Signature of) Complainant

Date

For University Use Only

Complaint taken/received by:

(Signature of) Representative

Date