



# CHAPMAN UNIVERSITY

For Official Use:

Date received \_\_\_\_\_

Initials \_\_\_\_\_

Complaint log # \_\_\_\_\_

## Formal Complaint Form

To file a formal complaint with the University under the [Interim Policy on Sexual Harassment Prohibited by Title IX](#) or the [Interim Discrimination, Harassment and Retaliation Prevention Policy for Employees](#), please mail, email or bring this form to the Equal Opportunity Office ("EOO") in the Department of Human Resources, using the following contact information:

Human Resources, Attn: Equal Opportunity Office  
One University Drive, DeMille Hall 140, Orange, CA 92866  
[eo@chapman.edu](mailto:eo@chapman.edu) or [aroberson@chapman.edu](mailto:aroberson@chapman.edu)

**Upon the EOO or Human Resources receipt of a completed and signed form, your complaint has been properly received and noted by the University.**

*Note: If you are uncertain whether the alleged conduct constitutes a violation of either of the above listed policies, or if you are not the person who experienced or is experiencing the alleged prohibited conduct (or their legal guardian), you may file a "Report" of prohibited conduct by contacting the EOO or Human Resources at the contact information listed above or by calling (714) 997-6847.*

## Filing a Formal Complaint

- Must contain the complainant's digital signature, or otherwise indicate that the complainant is the person filing the formal complaint\*.
- Must be in the complainant's own words, and may not be authored by others, including family members, advisors, or attorneys.
- **For Title IX:** A complainant must be participating in or attempting to participate in a University education program or activity at the time of submission, this includes University employees.

*\*If a party is under 18 years of age, the party's parent or guardian may also be considered a complainant.*

Name _____		Chapman ID # _____	
Department _____		Campus _____	
Phone Number _____		Email _____	
<b>Affiliation with Chapman</b> <i>Select all applicable</i>			
<input type="checkbox"/> Employee	<input type="checkbox"/> Student	<input type="checkbox"/> Employment Applicant	<input type="checkbox"/> Student Applicant
<input type="checkbox"/> Other: _____			
<b>Type of Complaint</b> <i>Select all applicable</i>			
<input type="checkbox"/> Discrimination	<input type="checkbox"/> Harassment	<input type="checkbox"/> Sexual Harassment/Violence	<input type="checkbox"/> Retaliation
<b>Basis of Complaint</b> <i>Indicate the ground(s) on which you are making your complaint</i>			
<input type="checkbox"/> Age	<input type="checkbox"/> Ancestry	<input type="checkbox"/> Citizenship Status	<input type="checkbox"/> Color
<input type="checkbox"/> Gender Identity	<input type="checkbox"/> Gender Expression	<input type="checkbox"/> Genetic Information	<input type="checkbox"/> Marital Status
<input type="checkbox"/> Military/Veteran Status	<input type="checkbox"/> National Origin	<input type="checkbox"/> Pregnancy	<input type="checkbox"/> Religion
<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> Quid Pro Quo	<input type="checkbox"/> Unwelcome Conduct	<input type="checkbox"/> Sexual Assault
<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Stalking	<input type="checkbox"/> Sexual Exploitation	<input type="checkbox"/> Disability
			<input type="checkbox"/> Medical Conditions
			<input type="checkbox"/> Sex
			<input type="checkbox"/> Dating Violence

Name of person(s) responsible for the alleged prohibited conduct	
_____	
Title(s)/Position(s) _____	Department(s) _____
Relationship to you _____	

Date(s) of incident(s) \_\_\_\_\_

Time of incident(s) \_\_\_\_\_

Location of incident(s) \_\_\_\_\_

**Incident Description**

**Please provide as much detail as possible.** Your complaint is not limited to the space provided. Should you need additional space and/or have additional materials that may assist in the investigation, please submit to EODO along with this complaint form. The University must investigate all formal complaints of prohibited conduct and is required to dismiss a formal complaint in certain circumstances. See applicable policy for details.

Name of Person(s) who have knowledge &/or information regarding the alleged prohibited conduct

1. Witness Name	Relationship	Telephone
2. Witness Name	Relationship	Telephone
3. Witness Name	Relationship	Telephone

I certify the aforementioned is true and correct.

Your Signature

Print Name

Date

For the Equal Opportunity Office

Complaint Taken by

Representative Signature

Print Name

Date

**Chapman University**  
**Equal Opportunity Office**  
**DeMille Hall, Suite 140**  
**(714) 997-6847**  
**eo@chapman.edu**

*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 also seek assistance from government agencies such as the Federal Equal Employment Opportunity Commission, Department of Labor, Office of Civil Rights, or the California Department of Fair Employment and Housing.*