



CHAPMAN UNIVERSITY

For Official Use:

Date received _____

Initials _____

Complaint log # _____

Reporting Form

To file a report with the University under the [Policy on Sexual Harassment Prohibited by Title IX](#) or the [Discrimination, Harassment and Retaliation Prevention Policy](#), 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 or aroberson@chapman.edu

Upon the EOO or Human Resources receipt of a completed form, your report 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 have questions about this form, anonymous reporting, or processes under either policy, you may contact the EOO or Human Resources at the contact information listed above or by calling (714) 997-6847.

Filing a Formal Complaint

Filing a Formal Complaint is only applicable to allegations that fall under the Title IX policy and only a Complainant or the Title IX Coordinator may file a Formal Complaint.

Filing a Formal Complaint will initiate the Grievance Process related to the allegations that have been reported. The Grievance Process is the fact-finding process from the time of the filing of a Formal Complaint through the final determination of an appeal (if any).

If the alleged conduct occurred before August 14, 2020, please contact the Director of Employee Care.

If you wish to file a Formal Complaint under the Title IX policy, please indicate that in the space provided near the conclusion of this form.

Name _____ Chapman ID # _____				
Department _____			Campus _____	
Phone Number _____		Email _____		
Affiliation with Chapman <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:				
Type of Complaint <i>Select all applicable</i>				
<input type="checkbox"/> Discrimination <input type="checkbox"/> Harassment <input type="checkbox"/> Sexual Harassment/Violence <input type="checkbox"/> Retaliation				
Basis of Complaint <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"/> Creed
<input type="checkbox"/> Disability	<input type="checkbox"/> Ethnicity	<input type="checkbox"/> Gender	<input type="checkbox"/> Genetic Information	<input type="checkbox"/> Lawful Name Change
<input type="checkbox"/> Marital Status	<input type="checkbox"/> Medical Conditions	<input type="checkbox"/> Military/Veteran Status	<input type="checkbox"/> National Origin	<input type="checkbox"/> Pregnancy
<input type="checkbox"/> Race	<input type="checkbox"/> Religion	<input type="checkbox"/> Sex	<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> Quid Pro Quo
<input type="checkbox"/> Unwelcome Conduct	<input type="checkbox"/> Sexual Assault	<input type="checkbox"/> Dating Violence	<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Stalking
<input type="checkbox"/> Sexual Exploitation	<input type="checkbox"/> Other:			

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(s) of incident(s) _____

Location(s) of incident(s) _____

Incident Description

Please provide as much detail as possible. Your report is not limited to the space provided. Should you need additional space and/or have additional materials, please submit to EOO along with this reporting form.

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

Do you wish to file a Formal Complaint?

☐ Yes, I am a Complainant submitting a Formal Complaint under the Title IX Policy.

☐ No, I am reporting an incident.

☐ I'm not sure, I would like to speak with a member of the EOO staff.

I certify the aforementioned is true and correct.

Your Signature

Print Name

Date

For the Equal Opportunity Office

Report 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.