

Initial Complaint Form

Your Information

Date: _____

Your status: student staff faculty
(check one) other: _____

Name: _____

Details of Complaint

Please complete this form to initiate an official investigation of your complaint. Please be as specific as possible in order to provide adequate information for the Compliance Officer to obtain all pertinent facts. Describe who, what, when, where, and how. Please include the nature of the complaint, a timeline of occurrences, and names of any witnesses you feel would assist in this investigation. Please attach additional sheets, if necessary.

Note: Attach all supporting documentation

I, _____, have reviewed and understood Berea College's policy regarding reporting a violation.

Signature of complainant: _____ Date complaint initiated: _____

Signature, Title VII/IX Coordinator: _____ Date complaint received: _____