

Formal Complaint of Sexual Harassment

Name: _____		BYU ID#: _____	
Phone: _____		Email: _____	
Preferred Method of Contact:		<input type="checkbox"/> E-mail	<input type="checkbox"/> Text Message
		<input type="checkbox"/> Phone Call	<input type="checkbox"/> Other _____
I am currently a (check applicable box(es)):			
<input type="checkbox"/> Student			
<input type="checkbox"/> Employee			
<input type="checkbox"/> Campus Visitor			
<input type="checkbox"/> Applicant			
<input type="checkbox"/> Other			
If you marked other, please explain your connection to the institution:			
Name of the person(s) you are reporting:			
Individual listed above is currently a (check applicable box(es)):			
<input type="checkbox"/> Student			
<input type="checkbox"/> Employee			
<input type="checkbox"/> Campus Visitor			
<input type="checkbox"/> Other			
If you marked other, please explain the individual's connection to the institution:			
Date of the incident(s):			
Where the incident(s) happened:			
Type of Sexual Misconduct:			
Sexual Harassment as defined by the BYU Sexual Harassment Policy covers a range of behaviors. See https://policy.byu.edu/view/sexual-harassment-policy to view the policy in full with accompanying definitions.			
<input type="checkbox"/> Sexual Harassment	<input type="checkbox"/> Pregnancy	<input type="checkbox"/> Sex Discrimination	
<input type="checkbox"/> Sexual Assault	<input type="checkbox"/> Fondling	<input type="checkbox"/> Rape	
<input type="checkbox"/> Stalking	<input type="checkbox"/> Dating Violence	<input type="checkbox"/> Domestic Violence	

Please describe what happened:

BYU Title IX Process being requested

I am requesting a (check only one):

- Formal Investigation (grievance process); or
 Informal Resolution.¹

By signing below, I affirm that I have been informed of the procedures, time constraints, and external avenues of redress that are available to me. I affirm that I have read this Formal Complaint and the information I have provided is true to the best of my knowledge and belief.

I understand that my name and this complaint will be shared with the person listed above who I am reporting. I am expected to preserve and provide any relevant evidence to the investigator assigned to my case. I also understand that if I choose to withdraw this complaint that I must do so in writing and the Title IX Coordinator may need to proceed with the grievance process in limited circumstances.

Printed Name of Person Filing Complaint

Signature

Date

Return signed form to the BYU Title IX Office within five calendar days by email, mail, or hand delivery:

BYU Title IX Office
1320 Wilkinson Student Center, Provo UT, 84602
Email: title9@byu.edu
Phone: (801) 422-8692

¹ The informal resolution process is not available for allegations where an employee engaged in alleged sexual harassment or retaliation toward a student.

