



**DISCRIMINATION, RETALIATION,  
AND SEXUAL MISCONDUCT FORM**

Today's Date: \_\_\_\_\_

**SECTION 1 - INFORMATION REGARDING THE COMPLAINANT**

Name of Complainant:	
Telephone (Home) #:	Telephone (Cell) #:
The Complainant is (please check one): <input type="checkbox"/> Faculty Member <input type="checkbox"/> Student <input type="checkbox"/> Staff Member <input type="checkbox"/> Not Affiliated With PCCUA	
For faculty, staff and students, indicate whether: <input type="checkbox"/> Current    or <input type="checkbox"/> Former	

**SECTION 2 – INFORMATION REGARDING THE VICTIM (IF HE OR SHE IS NOT THE COMPLAINANT)**

Name of Victim:	
The Victim is (please check one): <input type="checkbox"/> Faculty Member <input type="checkbox"/> Student <input type="checkbox"/> Staff Member <input type="checkbox"/> Not Affiliated With PCCUA	
For faculty, staff and students, indicate whether: <input type="checkbox"/> Current    or <input type="checkbox"/> Former	

**SECTION 3 – INFORMATION REGARDING THE RESPONDENT**

Name of Respondent:	
The Respondent is (please check one): <input type="checkbox"/> Faculty Member <input type="checkbox"/> Student <input type="checkbox"/> Staff Member <input type="checkbox"/> Not Affiliated With PCCUA	
For faculty, staff and students, indicate whether: <input type="checkbox"/> Current    or <input type="checkbox"/> Former	

**SECTION 4 – INFORMATION REGARDING THE ALLEGED POLICY VIOLATION**

Alleged policy violation(s): <input type="checkbox"/> discrimination <input type="checkbox"/> harassment <input type="checkbox"/> retaliation <input type="checkbox"/> sexual misconduct
If discrimination/harassment, please check all that apply: <input type="checkbox"/> race <input type="checkbox"/> color <input type="checkbox"/> religion <input type="checkbox"/> national origin <input type="checkbox"/> military service/veteran status <input type="checkbox"/> sex <input type="checkbox"/> age <input type="checkbox"/> pregnancy <input type="checkbox"/> disability <input type="checkbox"/> gender identity <input type="checkbox"/> genetic information
If retaliation, please state the activity you engaged in that resulted in the alleged retaliation:          
Time and date of each alleged policy violation:

Location of alleged policy violations:

On campus: \_\_\_\_\_ Off campus: \_\_\_\_\_

Witnesses or third parties who may have information regarding the alleged policy violation(s):

Please provide a brief description of the alleged policy violation(s):

You may wish to consider including, among other things, some or all of the following information for your description: the gender of the parties, the relationship between the parties, whether one or more of the parties were under the influence of alcohol or drugs at the time of the alleged policy violation, whether the Respondent used pressure or force (physical or otherwise) in the course of any alleged sexual misconduct, and the frequency (if applicable) of the alleged policy violation.