

KENT STATE UNIVERSITY  
OFFICE OF COMPLIANCE, EQUAL OPPORTUNITY AND AFFIRMATIVE ACTION  
GENDER & SEX DISCRIMINATION/SEXUAL HARASSMENT/SEXUAL MISCONDUCT  
INTERNAL COMPLAINT FORM

**COMPLETING THIS FORM INITIATES A FORMAL INVESTIGATION BY THE UNIVERSITY.**

**IN THE EVENT THE ACCUSED IS A STUDENT, THIS FORM WILL BE PROVIDED TO THE OFFICE OF STUDENT CONDUCT AND SERVE AS A COMPLAINT INITIATING THE STUDENT CONDUCT PROCESS. A STUDENT CONDUCT HEARING WILL BE SCHEDULED AND YOU WILL BE CONTACTED USING THE CONTACT INFORMATION PROVIDED BELOW.**

Visit <http://www.kent.edu/studentconduct/student-conduct-process> for more information on the student conduct process.

**Policy [5-16.2](#) outlines the investigation process**

**COMPLAINANT'S NAME:** \_\_\_\_\_  
(Person filing this complaint of discrimination) **Please use blue or black ink only**

**BANNER ID:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**What is the best way to reach you?** \_\_\_\_\_

**Your status at Kent State University:** \_\_ Student \_\_ Staff \_\_ Faculty \_\_ Visitor \_\_ Applicant

**Student** (Please list local address) \_\_\_\_\_

**Staff/faculty** (Please list job title & Department/College name) \_\_\_\_\_

**Visitor/Applicant** (Please list current mailing address) \_\_\_\_\_

**PROTECTED CLASS**

Gender/Sex

**ALLEGED DISCRIMINATORY ACTION AREA** (Place an  in the appropriate box(es) which best identify the area(s) which you perceive are applicable to your complaint.)

Pregnancy       Sexual Harassment       Dating Violence       Gender Discrimination

Stalking       Domestic Violence       Sexual Misconduct       Gender Identity

**(When) Date(s) and time of incident:** \_\_\_\_\_

**(Where) Location(s) of incident:** \_\_\_\_\_

**How many times did act or behavior this occur?** \_\_\_\_\_ **(Once, twice, reoccurring etc)**

**Is the act or behavior still continuing?** \_\_\_ yes \_\_\_ no

**If known, Respondent's (the person(s) that committed the act or behavior) name(s) & contact info of the person(s) that committed the alleged discriminatory act/behavior or harassment: (Email address, dept/college/school/phone number/residence hall etc.)**

---

---

---

---

**DESCRIPTION OF THE ALLEGED DISCRIMINATION ACT OR BEHAVIOR:** Please use the following space to describe the discriminatory actions, behaviors or events which occurred. Be as precise as possible with regard to the names of the involved participants, names of witnesses, locations, times, and dates. (Use additional paper if necessary) **PLEASE NOTE:** A copy of this complaint will be provided to the accused party. Your Banner ID and contact information will be redacted.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**Note:** The University will keep all information pertaining to the investigation as confidential as possible. After filing a formal complaint with the university, the complainant's name and any written statements submitted may be disclosed to the accused. Relevant information disclosed during the investigative process may be shared with the accused (and the student conduct hearing panel or as part of an investigative summary, when applicable) in order to properly investigate and adjudicate the complaint.

I have read and understood this document. I affirm my responses in this complaint are accurate to the best of my knowledge and this complaint has been made in good faith.

Complainant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title IX Coordinator/Title IX Deputy Coordinator  
or AA Facilitator Signature: \_\_\_\_\_ Date: \_\_\_\_\_