

Keystone College

Discrimination, Harassment, Violence and/or Retaliatory Conduct Complaint Form

This form may be completed by any member of the Keystone College community who has experienced or otherwise become aware of an incident that may constitute a violation of the Equal Opportunity, Harassment, and Nondiscrimination Policy (Title IX).

Please complete the form to the best of your ability.

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

Name: \_\_\_\_\_

Keystone College ID: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Preferred Method of Contact:  Phone  E-mail  Text Message  Other: \_\_\_\_\_

Keystone College Affiliation:  Undergraduate Student  Graduate Student  Faculty  Staff  Alumni  Guest

Incident Date: \_\_\_\_\_

Incident Time: \_\_\_\_\_

Incident Location:

- Campus Building
- Campus Outdoors
- Off Campus College Housing
- Off Campus
- Keystone College Sponsored Event

Type of Incident:

- Discrimination
- Harassment
- Violence
- Retaliation

Protected Class(es) Basis for Report:

- Sex
- Gender
- Gender Identity
- Gender Expression
- Sexual Orientation
- Pregnancy/Parenting
- Race
- Color
- Religion
- Veteran Status
- Disability
- Age
- Genetic Information
- Marital Status
- National Origin

Specific Location:

\_\_\_\_\_  
\_\_\_\_\_

Respondent: \_\_\_\_\_

Keystone College ID: \_\_\_\_\_

Keystone College Affiliation:  Student  Faculty  Staff  Alumni  Guest  Other \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Social Media Accounts:  Facebook  Twitter  Instagram  Snapchat  Tik Tok  YouTube  Other

Witness 1: \_\_\_\_\_

Keystone College ID: \_\_\_\_\_

Keystone College  
Affiliation:

Undergraduate Student  
 Alumni  Guest

Graduate Student  Faculty  Staff

Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Witness 2: \_\_\_\_\_

Keystone College ID: \_\_\_\_\_

Keystone College  
Affiliation:

Undergraduate Student  
 Alumni  Guest

Graduate Student  Faculty  Staff

Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Witness 3: \_\_\_\_\_

Keystone College ID: \_\_\_\_\_

Keystone College  
Affiliation:

Undergraduate Student  
 Alumni  Guest

Graduate Student  Faculty  Staff

Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

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Incident Narrative (this can be brief; a full statement will be taken by the investigator):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Supportive Measures Requested:**

- |   |  |  |                                       |
|---|--|--|---------------------------------------|
| <input type="checkbox"/> No Contact Order         | <input type="checkbox"/> Residence Hall Relocation | <input type="checkbox"/> Assistance Reporting to Law Enforcement | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Faculty Notification     | <input type="checkbox"/> Facility Access Plan      | <input type="checkbox"/> Academic Withdrawal/LOA                 | _____                                 |
| <input type="checkbox"/> On-Campus Counseling     | <input type="checkbox"/> Campus Police Escort      | <input type="checkbox"/> Academic Withdrawal (full)              | _____                                 |
| <input type="checkbox"/> Off-Campus Counseling    | <input type="checkbox"/> On-Campus Medical Care    | <input type="checkbox"/> Legal Support Information               | _____                                 |
| <input type="checkbox"/> Work Schedule Adjustment | <input type="checkbox"/> Off-Campus Medical Care   | <input type="checkbox"/> Visa/Immigration Information            | _____                                 |
| <input type="checkbox"/> Academic Adjustment      | <input type="checkbox"/> Victim Advocate Outreach  |  |                                       |

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**Accommodations:**

- I request an interpreter Language: \_\_\_\_\_
- I request accommodation(s) for a qualified disability       I do not request accommodation(s) for a qualified disability

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**Resolution Requested:**

- No Action  
 Informal Resolution  
 Formal Resolution (Investigation and Hearing)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Received By:** \_\_\_\_\_ **Date:** \_\_\_\_\_