

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.

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: _____

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

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 | | |

Accommodations:

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

Resolution Requested:

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

Signature: _____ **Date:** _____

Received By: _____ **Date:** _____