Wesleyan College
Discrimination, Harassment and Title IX Complaint Form

Filing a Discrimination, Harassment, or Title IX Complaint

To file a complaint, please complete and mail, email or bring this form to the appropriate coordinator’s office as listed below. You may also call the appropriate coordinator’s office to make arrangements for a representative to meet with you at their office or at another location. If you are unable for any reason to complete this form and would like to make a verbal complaint, please call to schedule an appointment.

Although Wesleyan cannot commit to keeping a complaint of discrimination confidential because of Wesleyan’s obligation to investigate the complaint, Wesleyan will use its best efforts not to disseminate information concerning the complaint beyond those who have a need to know. Please feel free to contact the appropriate coordinator’s office if you have any questions regarding the process of filing or investigating a complaint of discrimination or harassment, including sexual harassment or abuse.

Complaints based on race, creed, color, ethnicity, national origin, religion, marital status, or veteran status discrimination should be filed with the following coordinator:

Patricia M. Gibbs
Title IX Coordinator
The Vice President for Student Affairs
Huckabee Hall
(478) 757-5216
pgibbs@wesleyancollege.edu

Complaints based on disability, pregnancy, and genetic information discrimination should be filed with the following coordinator:

Christy Henry
Deputy Title IX Coordinator
OSP – Academic Center
478-757-5219
chenry@wesleyancollege.edu

Complaints based on gender, sexual orientation, gender identity, gender expression, sexual harassment, or sexual assault/violence should be filed with the following coordinator:

Patricia M. Gibbs
Title IX Coordinator
The Vice President for Student Affairs
Huckabee Hall
(478) 757-5216
pgibbs@wesleyancollege.edu

Note: A victim of discrimination or harassment is encouraged to use Wesleyan’s internal complaint process. A person believing they have been discriminated against or harassed may seek assistance from government agencies such as the United States Equal Employment Opportunity Commission or the United States Department of Education’s Office of Civil Rights.
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When the form has been completed and signed by the Complainant, and the appropriate coordinator has also signed the complaint, your complaint has been received and noted by Wesleyan. Wesleyan will provide you with a copy of this form. Reports may be filed anonymously but may impact Wesleyan’s ability to investigate the complaint.

Check the box that applies regarding your status at Wesleyan:

- [ ] Faculty
- [ ] Staff
- [ ] Student
- [ ] Employment Applicant
- [ ] Student Applicant
- [ ] Other, Explain: ________________

Name: ____________________________________________________________
Work/Cell phone: ___________________ Home phone: _________________
Work Address/Dorm: _______________________________________________
Home Address: _____________________________________________________
Supervisor (or R.A.): ______________________________________________

Type of Complaint:

- [ ] Age
- [ ] Disability
- [ ] Gender/Sex
- [ ] Genetic Information
- [ ] National/Ethnic Origin
- [ ] Pregnancy
- [ ] Race/Color
- [ ] Religion
- [ ] Retaliation
- [ ] Sexual Harassment/Assault
- [ ] Sexual Orientation
- [ ] Gender Identity or Expression
- [ ] Veteran Status
- [ ] Other, Explain: ________________________________________________

Complaint: Describe your complaint as clearly and concisely as possible. Please provide any relevant dates and a description of where the incident occurred. Important facts include who, what, where and when. Please attach additional pages describing your complaint if necessary.

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
Name of person you believe discriminated against you and the circumstance which you have contact with them, e.g. supervisor, co-worker, faculty, student, customer:

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

Describe the corrective action you are seeking (Attach additional pages if necessary):

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

For retaliation complaints, please explain what actions you believe lead someone to retaliate against you:

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

Witnesses (name, relationship to you, and phone number):

1._____________________________________________________________________________________________
2._____________________________________________________________________________________________
3._____________________________________________________________________________________________

Have you brought this matter to the attention of any other Office(s)/department(s) at Wesleyan? If so, please list the name(s) and Office(s)/department(s) of all other persons with whom you have discussed this matter and when this discussion occurred:

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

I certify the information mentioned is true and correct to the best of my knowledge.

X ____________________________ Date: __________________________

For Wesleyan to complete

Complaint taken by: ____________________________________________
Signature: __________________________________ Date: ________________
Other notes: