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**Discrimination, Harassment, and Retaliation**

**Complaint Form**

This form is for employees, students, and other third parties to report acts of discrimination, harassment, and/or retaliation by an employee or student of the American University of Kurdistan, including a vendor, independent contractor, volunteer, or third party acting on behalf of the University.

If you believe you have experienced discrimination, harassment, or retaliation for filing a complaint or for your participation in an investigation, you are encouraged to file a complaint form to legal.office@auk.edu.krd

Relevant policies: Sexual Harassment, Employee Code of Conduct, and Student Code of Conduct and Grievance.

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| **Complainant (Personal Information About You)**(***If*** ***you want to proceed anonymously, then you do not have to complete this*** ***section***)  |
| Complainant‘s Name  |  |
| Preferred Email |  |
| Preferred Phone  |  |
| Job Title (***specify if you are a student, or others***)  |  |
| Unit/Department  |  |
| Director, Manager, Supervisor, Department Chair, Dean, etc  |  |

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| **Respondent (Person Against Whom You are Filling the Compliant)** |
| Respondent’s Name |  |
| Preferred Email |  |
| Preferred Phone |  |
| Job Title (***specify if Respondent is a student, or others***) |  |
| Unit/Department  |  |
| Director, Manager, Supervisor, Department Chair, Dean, etc  |  |

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| **Information on Witnesses Who You Believe Can Support Your Complaint** |
| **Witness Name** | **Witness Job Title** | **Work Location** | **Witness Phone** |
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| **External Complaint** |
| Have you filed this complaint with any other governmental and/or non-governmental agency? \_\_\_\_\_ Yes \_\_\_\_\_ No  |
| If yes, what agency? |  |
| If yes, what is the status of the complaint? |  |

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| **The Complaint** |
| Date of harassment, discrimination, or retaliation began or occurred |  |
| Most recent date of harassment, discrimination, or retaliation (if different from above) |  |

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| **Basis of Complaint** (Check all that apply): |
| \_\_\_\_I experienced unwelcome conduct of a sexual nature. |
| \_\_\_\_I experienced discriminatory harassment based on my (check all that apply):  |
| \_\_\_\_Race \_\_\_\_Color \_\_\_\_National Origin \_\_\_\_\_Limited English Proficiency \_\_\_\_\_Religion \_\_\_\_\_Creed \_\_\_\_\_Disability \_\_\_\_\_Marital Status \_\_\_\_\_Familial Status  | \_\_\_\_\_Age \_\_\_\_\_Sex \_\_\_\_\_Pregnancy \_\_\_\_\_Gender Identity \_\_\_\_\_Gender Expression \_\_\_\_\_Sexual Orientation \_\_\_\_\_Genetic Information \_\_\_\_Public Assistance Status  |
| \_\_\_\_\_\_I experienced harassment or disrespectful behavior, but it is not based on any of the protected characteristics listed above. |
| \_\_\_\_\_\_I experienced retaliation for filing a complaint or participating in an investigation. |

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| **The Incident** |
| Describe, in as much detail as possible, the conduct that you believe constitutes discrimination, harassment, or retaliation. List dates, locations, names, and titles of people involved. Explain why you believe the conduct was based on the items checked in the **“Basis of Complaint”** section above. Use additional paper if needed and attach it to this form. Attach any documents you believe may be relevant (emails, notes, texts, etc.). |
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| **Remedy or Result** |
| What would you like the University to do as a result of your complaint? What remedy are you seeking? |
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| **Complaint Acknowledgment** |
| I certify, to the best of my knowledge, the information that I have provided is accurate and the events and circumstances are true and correct to the best of my knowledge. I understand and acknowledge that a copy of this complaint, along with the attachments, will be furnished to the alleged offender **(“Respondent”)**. I have attached to this complaint any supportive evidence and/or documentation such as e-mails, records, and materials that I believe support my allegation. I also understand and consent to the disclosure of information contained in this complaint to appropriate administrators and witnesses interviewed for the purpose of investigating this complaint. I understand that I will have to provide the contact information of witnesses identified in this complaint. I am willing to cooperate fully in the investigation and provide whatever evidence the University deems relevant. I understand that the nature of this complaint, correspondence, and all discussions conducted in, the course of the investigation of the information contained in this complaint are confidential to the extent permitted by law and unauthorized disclosures of information concerning the investigation could result in disciplinary action. I understand that knowingly and/or purposefully providing fraudulent information or misrepresentation of facts during the grievance process may be subject to disciplinary action up to and including termination. I agree to abide by these guidelines**Complainant’s signature**: Date Signed: **Complaint Received by**:Date Signed: |