

UNIVERSITY OF THE
DISTRICT OF
COLUMBIA
—1851

OFFICE OF COMPLIANCE INTAKE FORM

Part 1: Complainant Contact Information

Name: _____

Preferred Mailing Address: _____

Home Phone: _____ Cell Phone: _____

UDC Email: _____

Status: Faculty ___ Adjunct ___ Student ___ Staff ___

Please check: currently or formerly in this status

If you do not have a UDC email address, please provide one: _____

If UDC Employee, please complete the following:

School/Office: _____

Office Address: _____

Job Title: _____

Supervisor: _____

Union (Yes/No): _____ Which Union: _____

Employee Class: Full Time ___ Part Time ___ Probationary ___

UDC Email _____ Office Phone _____ Cell Phone _____

If UDC Student, please complete the following:

School/Division: _____

Part 2: Type of Action

- a. Is this a discrimination or harassment complaint (Yes/No): _____ (If YES, go to **Part 2a**)

- b. Is this complaint related to sex-based harassment, sex discrimination, sexual misconduct, or sexual abuse (Yes/No): _____ (If YES, go **Part 2b**)

- c. Is this complaint related to something else (Yes/No): _____ (If YES, go to **Part 2c**).

Complete either Part 2a, 2b or 2c

Part 2a: Discrimination or Harassment Complaint Information

Basis of Discrimination:

Race: ___ Color: ___ Religion: ___ National origin: ___ Age: ___
Marital status: ___ Personal appearance: ___ Family responsibilities: ___
Political affiliation: ___ Disability: ___ Matriculation: ___ Familial Status: ___
Genetic information: ___ Source of Income: ___ Credit Information: ___ Homeless
Status: ___ Sealed Eviction Record: ___ Victim or family member of a victim of domestic
violence, a sexual offense, or stalking: ___

Did the act of discrimination result in bullying, hostile work environment or other?

Date(s) of alleged incident or when behavior began: _____

General description of alleged discrimination: _____

Please identify the person(s) engaged in this behavior: _____

Do you suspect or know that a supervisor or management is aware or involved?
(Yes/No): _____ Please describe: _____

Where did this incident or violation initially occur? _____

Information about the person the complaint is against (Respondent)

Name of the Respondent: _____
Respondent status: Student Employee
Please check: currently or formerly in this status
Department/School: _____
Phone: _____ Email: _____

Interim measures/redemies requested, if known:

Check and describe if additional sheets, files, or materials have been submitted to supplement this complaint:

Part 2b: Sex Discrimination, Sex-based Harassment, Sexual Misconduct or Sexual Abuse Complaint Information

Information about the alleged incident

Date of the Incident: _____

Approximate Time: _____

Where did the alleged incident take place (be specific)?

What type of incident?

Sex Discrimination – discrimination on the basis of sex, including sexual orientation, gender identity, sex stereotypes, sex characteristics, pregnancy or related conditions. This includes situations where students or employees are disciplined in a discriminatory manner, excluded from, denied equal access to, or subjected to sex stereotyping in academic or extracurricular opportunities or other education programs or activities; or denied the benefits of the University’s programs or activities or otherwise treated differently.

Sexual Orientation

Gender Identity/Expression

Sex-based Harassment – unwelcome conduct of a sexual nature and can include unwelcome sexual advances, requests for sexual favors, and other verbal, nonverbal, or physical conduct of a sexual nature, such as assault or acts of sexual violence. Students or employees of any sex can be victims of sexual harassment, and the harasser and the victim can be of the same sex.

Quid Pro Quo – threats and rewards as a condition of employment or education for failing to accept or reject someone’s advances.

Hostile Work Environment – behavior perceived as abusive enough to create a hostile work or educational environment.

Dating Violence - violence committed by a person who is or has been in a social relationship of a romantic or intimate nature with the victim. The existence of such a relationship shall be determined based on a consideration of the length of the relationship, the type of relationship, and the frequency of interaction between the persons involved in the relationship.

Domestic Violence - a form of sexual violence and is abuse committed against someone who is a current or former spouse, current or former cohabitant, someone with whom the abuser has a child, someone with whom the abuser has or had a dating or engagement relationship, or someone similarly situated under domestic or family violence law.

Forcible Sex Offense - Any sexual act directed against another person, without the consent of the victim including instances where the victim is incapable of giving consent.

Stalking - willfully, maliciously, and repeatedly following or willfully and maliciously harassing another person and making a credible threat with the intent to place that person in reasonable fear for his or her safety, or the safety of his or her immediate family or suffer substantial emotional distress.

Prohibited Conduct - refers to matters of sexual assault, sex-based harassment, sexual misconduct, dating violence, domestic violence, stalking, discrimination based on race, color, national or ethnic origin, sex, age, disability, religion, sexual orientation, gender identity or expression, medical condition, veteran status, or any other characteristic.

Other – please describe: _____

Was UDC Campus Police notified of this incident (Yes/No) _____

Who else has been notified of this incident? _____

If you are not the Complainant, how did you become aware of this incident? _____

Information about the person this complaint is against (Respondent)

Name of the Respondent: _____

Respondent status: Student Employee

Please check: currently or formerly in this status

Department/School: _____

Phone: _____ Email: _____

Additional information: _____

Interim measures/remedies requested, if known: _____

Check and describe if additional sheets, files, or materials have been submitted to supplement this complaint: _____

Part 2c: Other

Information about the alleged incident

Date of the Incident: _____

Approximate Time: _____

Describe what occurred (be specific):

Where did the alleged incident take place?

Who else has been notified of this incident? _____

If you are not the Complainant, how did you become aware of this incident? _____

Information about the person this complaint is against (Respondent)

Name of the Respondent: _____

Respondent status: Student Employee Other _____

Please check: currently or formerly in this status (if student or employee)

Department/School: _____

Phone: _____ Email: _____

Additional information: _____

Submitted by:

Name (Print/Typed)

Date

Signature

Confidentiality

The University of the District of Columbia will make reasonable and appropriate efforts to preserve the Respondent's and Complainant's privacy and protect the confidentiality of information. Should the Complainant request confidentiality, the Compliance Officer/Title IX Coordinator will inform them that UDC's ability to respond may therefore be limited but that where feasible, it will take reasonable steps to prevent prohibited conduct and limit its effects. UDC's decision to share information with others is subject to other considerations.

UDC is also required by law to report certain types of reported sexual misconduct in its annual crime statistics report. Names and other identifying details of the incident are not made public in annual crime reports. UDC is also required by law under certain circumstances to report any incident which might be classified as a violent crime, hate crime, or sexual assault to other law enforcement officials.

Please return form to: Sheilah Vance, Compliance Officer and Title IX Coordinator, by email to sheilah.vance@udc.edu or by mail to her at University of the District of Columbia, Office of Compliance, 4250 Connecticut Ave., NW, Room 2424 Washington, DC 20003.

If you have questions, please email sheilah.vance@udc.edu or call 202-274-5421 (o) or 771-210-9423 (c).