



FORMAL COMPLAINT

This Formal Complaint is a request to Southern Wesleyan University to investigate allegations of Sexual Misconduct. Once completed and signed by either the alleged victim of Sexual Misconduct (the “Complainant”) or the Title IX Coordinator, the University will commence an investigation into the allegations, following the procedures in the University’s Sexual Misconduct Policy.

This form should not be used to report an emergency situation. If you need to report an emergency, call 911 or SWU Campus Safety at 864-508-0107. The City of Central police department can be contacted directly at 864-639-4020.

If you have questions, please contact the Title IX Office at dfrost@swu.edu or 864-644-5004.

INFORMATION REGARDING THE COMPLAINANT (Alleged Victim)

Name of the Complainant: _____

Position/Title/Department (if applicable): _____

The Complainant is (please check one):
 a faculty member a student
 a staff member not affiliated with the University

INFORMATION REGARDING THE RESPONDENT (Alleged Perpetrator)

Name of the Respondent: _____

Position/Title/Department (if applicable): _____

The Respondent is (please check one):
 a faculty member a student
 a staff member not affiliated with the University
 a vendor not sure

Time and date of the alleged Sexual Misconduct: _____

Location of the alleged Sexual Misconduct: _____

PLEASE PROVIDE A DESCRIPTION OF THE ALLEGED SEXUAL MISCONDUCT

You may wish to consider including, among other things, some or all the following information in your description: the gender of the parties, the relationship between the parties, whether one or more of the parties were under the influence of alcohol or drugs at the time of the alleged Sexual Misconduct, whether the Respondent used pressure or force (physical or otherwise) in the course of the alleged Sexual Misconduct, and the frequency (if applicable) of the alleged Sexual Misconduct. You may attach a separate document, if desired.

Please feel free to use the reverse side of this form or separate pages to continue your description, if desired.

Witnesses or third parties who may have information regarding the alleged Sexual Misconduct
(Provide full names, relationship to you (the Complainant) or the Respondent, along with any available contact information)

I REQUEST THAT THE UNIVERSITY INVESTIGATE THE FOREGOING ALLEGATIONS IN ACCORDANCE WITH THE APPLICABLE SEXUAL MISCONDUCT POLICY.

Signature of Complainant

Date

Signature of Title IX Coordinator

Date

Print Title IX Coordinator's Name