

Appendix II: UVI Sexual Harassment Reporting Form for Faculty and Staff

UNIVERSITY OF THE VIRGIN ISLANDS
Sexual Harassment Reporting Form
[For Faculty and Staff]

Directions: Please use this form to report any instance in which you believe that you have been sexually harassed. Your completed form should be submitted to any of the following individuals: to the Deans of Schools and Colleges, the Chair of an academic department, supervisor or manager, or a representative from the Human Resources Department. Please note, however, that the completion of this form is not required to report an incident involving sexual harassment or to lodge a complaint regarding sexual harassment.

Name: _

Date of Complaint: / / _

Work Address: _

Work Phone: _

1. Please describe, in as much detail as possible, the nature of your complaint. Please include dates and other details that will help with the investigation of your complaint.

2. Please provide names and contact information of any witness(s) who were present when one or more of the details described in item #1 occurred.

Name	Contact Information

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3. Please provide the names and contact information of any person(s) with whom you discussed or shared information about the incident(s) that gave rise to this written complaint prior to the filing of this report.

Name	Contact Information	Date Information was Shared

4. Please provide any supporting materials that you have relative to the complaint being filed. (Supporting documents may include e-mails; facsimiles; notes; pictures or other graphics; recorded messages, etc.)

5. How would you like your complaint addressed?

- a. Through the Early Resolution Process
- b. Through the Formal Grievance Process

Acknowledgment

To investigate your complaint, it will be necessary to interview you, the alleged harasser(s), and any witnesses with knowledge of your complaint. The University will notify everyone involved of the confidential nature of the process and that unauthorized disclosures of information concerning the investigation could result in disciplinary action, up to and including termination of employment. The University is committed to handling your complaint with the highest level of professional integrity and confidentiality and to ensuring due process to both the complainant and the respondent.

The information provided in this complaint is true and correct to the best of my knowledge. I will cooperate fully in the investigation of my complaint and provide requested evidence deemed relevant by the University.

_____ **Complainant's Signature**

Month Day Year

University Official Receiving Complaint Form:

Name: _____

Position Title: _____

_____ **Signature**

Month Day Year