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

UNIVERSITY OF THE VIRGIN ISLANDS Sexual Harassment Reporting Form

[For Faculty and Staff]

<u>Directions:</u> 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.

to louge a complaint regarding sexual harassment.	
Name:	Date of Complaint: / /
Work Address:	Work Phone:
Please describe, in as much detail as possible that will help with the investigation of your cor	e, the nature of your complaint. Please include dates and other details mplaint.
Please provide names and contact informatio described in item #1 occurred.	on of any witness(s) who were present when one or more of the details
Name	Contact Information

	and contact information of any gave rise to this written compla			d information	
Name	Contact Info	Contact Information		Date Information was Shared	
_					
	rting materials that you have re miles; notes; pictures or other o			g documents	
5. How would you like your	·				
-	Early Resolution Process				
_ b. I nrough the	Formal Grievance Process				
knowledge of your complaint. that unauthorized disclosures including termination of emplo	t, it will be necessary to inter The University will notify eve of information concerning the byment. The University is con dentiality and to ensuring due p	ryone involved of the e investigation could nmitted to handling ye	confidential nature of t result in disciplinary ac our complaint with the	the process and ction, up to and highest level of	
·	nis complaint is true and corre and provide requested evidence	•	•	erate fully in the	
Complainant's Signatur	re	Month	Day Year		
University Official Rece	iving Complaint Form:				
Name:		Position Title:			
			<u></u>		
Signature		Month	Day Year		