This form is to be completed by the person alleging discrimination/sexual misconduct or the person referring the complaint (referred to in this document as Party A). The alleged policy violator and potential respondent in this complaint is referred to as Party B. This form is kept as a part of the secured records of the MUSC Title IX Coordinator.

Instructions: The Medical University of South Carolina (MUSC) is committed to ensuring a safe learning environment that supports the dignity of all members. MUSC does not discriminate on the basis of sex or gender in any of its education or employment programs and activities in compliance with Title IX of the Education Amendments Act of 1972. Completing this form is one method of reporting any alleged conduct directed against a student that may be a violation of Title IX and USG’s Sexual Misconduct Policy. Title IX and the Sexual Misconduct Policy also prohibit retaliation for reporting sexual misconduct or participating in an investigation of sexual misconduct. Please review the Sexual Misconduct Policy before submission of this form.

Submit this form electronically, by mail or in person to:

Submit by email to:
Department of Diversity, Equity and Inclusion
burnham@musc.edu Title IX Coordinator
173 Ashley Avenue, BSB Suite 104
Charleston, SC 29425

Anonymity: Please include as much information as possible and indicate by checking the appropriate line below whether or not you wish to remain anonymous.
____________Yes, I wish to remain anonymous
____________No, I do not wish to remain anonymous

By requesting to remain anonymous, I understand that Title IX law may require MUSC to investigate and take reasonable action in response to the information I provide on this form. I also understand that this may limit MUSC’s Title IX Coordinator and other University officials’ ability to respond to my complaint.

Confidentiality: Legal and regulatory obligations may require the university to take some action once it is informed that sexual misconduct may be occurring. Although the confidentiality of the information received and the privacy of the individuals involved cannot be guaranteed, confidentiality and privacy will be protected to the greatest extent possible. The expressed wishes of the complainant regarding confidentiality will be considered in the context of the university’s legal obligation to act upon the charge and the right of the charged party to be informed concerning the charge. Honoring the request may limit the ability to respond fully to the incident and may limit the ability to discipline the respondent.
HARASSMENT & TITLE IX COMPLAINT FORM

Submit To:
Department of Diversity, Equity, and Inclusion
Medical University of South Carolina
173 Ashley Avenue, MSC 502 Basic
Science Building Room 104
Charleston South Carolina 29425 5020

Today’s Date

Status: □ Student (College): ________________
□ Faculty
□ Staff
□ Applicant
□ Former Student
□ Former Employee
□ Other __________________________

I. COMPLAINANT (If more than one Complainant, please complete a separate form. Add additional pages if necessary.)

Complainant (Name & Title) ________________________________

Department ____________________________________________________________________________

Address (University) ___________________________________________________ Work Phone __________________

Address (Residence) ________________________________________ Home Phone __________________

City / State / Zip ________________________________________________ Cell Phone __________________

II. TYPE & BASIS OF COMPLAINT (Check the boxes that apply.)

Type of Complaint: □ Discrimination □ Harassment □ Retaliation □ Sexual Harassment

Basis of the Complaint: □ Race □ Ethnicity □ Gender □ Sexual Orientation
□ Religion □ Age □ Disability □ Marital Status

Level of Complaint: □ Informal □ Formal

III. RESPONDENT (person accused). Add additional pages if necessary.

Respondent #1 (Name & Title) ________________________________

Address (Work) ________________________________________ Work Phone __________________

Address (Home) ________________________________________ Home Phone __________________

Mobile Phone __________________

Respondent’s Status: □ Student □ Faculty □ Staff □ Other ________________________________

______________________________________________________________

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Respondent #2 (Name & Title) ________________________________

Address (Work) ________________________________________ Work Phone __________________

Address (Home) ________________________________________ Home Phone __________________

Mobile Phone __________________

Respondent’s Status: □ Student □ Faculty □ Staff □ Other ________________________________
IV. DETAILS OF COMPLAINT (Explain your complaint in detail. Add additional pages if necessary.)

a) Describe the specific incident(s) of alleged discrimination, harassment, and/or retaliation. List the times, dates, location, names and titles of the people involved in the incident(s).

____________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________

b) State the specific reason(s) why you believe the Respondent(s) discriminated, harassed and/or retaliated against you.

____________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________

V. WITNESSES (List those witnesses with specific information about your complaint. Add additional pages if necessary.)

Witness #1 (Name)__________________________

Address (Work)_________________________________ Work Phone________
Address (Home)_________________________________ Home Phone________
_________________________________ Mobile Phone________
Witness’ Status: □ Student □ Faculty □ Staff □ Other _______________________
What specific information can this witness provide?
____________________________________________________________________________________________________________________________

Witness #2 (Name & Title)__________________________

Address (Work)_________________________________ Work Phone________
Address (Home)_________________________________ Home Phone________
_________________________________ Mobile Phone________
Witness’ Status: □ Student □ Faculty □ Staff □ Other _______________________
What specific information can this witness provide?
____________________________________________________________________________________________________________________________
VI. SUPPORTING MATERIALS / DOCUMENTS
(List any written materials or other documents you believe may help in investigating your complaint. Provide the name, date, and explanation of the contents of the material/document listed. Add additional pages if necessary.)

<table>
<thead>
<tr>
<th>Name of Item #1</th>
<th>Date of Item #1</th>
<th>Explanation of Contents</th>
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A copy of this material is attached: □ Yes □ No

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A copy of this material is attached: □ Yes □ No

VII. COMPLAINT RESOLUTION
What would resolve your complaint?

VIII. COMPLAINANT SIGNATURE
I attest to the completeness and accuracy of this complaint and any attached documents.

Signature of Complainant ___________________________ Date ___________________________

Additional Option: The Office of Civil Rights (OCR) is available for student complaints regarding Sexual Harassment & Title IX Issues.