



BELLARMINE UNIVERSITY

**ALLEGATION OF DISCRIMINATION/SEXUAL MISCONDUCT**

Your Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_ Phone \_\_\_\_\_

I am a student                                  faculty member                                  staff member

Name of person to whom initial complaint was reported \_\_\_\_\_

Please explain in detail the nature of discriminatory/harassing conduct, citing date(s), location and identify the person(s) involved. There is no limitation on the length of your explanation.

Witnesses to the alleged discriminatory conduct:

Name	Contact Info	Incident(s) Witnessed
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you believe you are in any danger?      Yes      No

What remedy do you seek to resolve this situation?

**Acknowledgement**

I acknowledge that the information contained in this document is true and accurate to the best of my knowledge. I understand that in order for the university to thoroughly investigate my allegation(s), it may be necessary for the investigators to disclose some or all of the information in this document to others, and I authorize the appropriate release of such information.

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date