



## **Harassment, Discrimination (Including Sexual Misconduct), and Retaliation Complaint Form**

To file a complaint or report with the seminary, please complete the following form with as much information as you feel comfortable with and mail, email or bring this form (and any additional pages you may choose to add) to the appropriate office as listed below. You do not need to complete the entire form in order for the complaint to be submitted, however, if the report does not contain specific information, the institution's investigation and response may be limited. If necessary, you may also call the appropriate office to arrange for a representative to meet with you there or at another location. If for any reason, you are unable to complete this form and would like to make a verbal complaint, please call to schedule an appointment.

Although the seminary cannot commit to keeping a complaint of discrimination confidential because of the Seminary's obligation to investigate the complaint, the Seminary will use its best efforts not to disseminate information concerning the complaint beyond those who have a need to know.

Please feel free to contact our offices if you have any questions regarding the process for filing or investigating complaints of discrimination (including sexual harassment).

*Note: A victim of discrimination or harassment is encouraged to use the seminary's internal complaint process. Persons who believe they have been discriminated against or harassed may seek assistance from government agencies such as the federal Equal Employment Opportunity Commission, the federal Department of Labor, or Office of Civil Rights.*

### **Denver Seminary Title IX Team:**

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## Harassment, Discrimination (Including Sexual Misconduct), and Retaliation Complaint Form

### Information about the Incident (Specific details about the incident will follow later in this report)

Date of the incident: \_\_\_\_\_ Time of the incident: \_\_\_\_\_ am \_\_\_\_\_ pm

Location of incident: \_\_\_\_\_

Nature of the Incident (Select one):

Basis of Discrimination/Protected Status:

### Section I: Information about the Reporter

May we contact you:      yes      no

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_ Gender: \_\_\_\_\_

Affiliation to Denver Seminary:

Race (if relevant to the report): \_\_\_\_\_

Sexual Orientation (if relevant to the report): \_\_\_\_\_

Identity of Reporter:

### Section II: Information about the # (If same as above please check here: \_\_\_\_\_ and proceed to Section III)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_ Gender \_\_\_\_\_

Affiliation to Denver Seminary:

Race (if relevant to the report): \_\_\_\_\_

Sexual Orientation (if relevant to the report): \_\_\_\_\_

### Section III: Information about the k

Number of k : \_\_\_\_\_

1. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Affiliation to Denver Seminary: \_\_\_\_\_ Gender: \_\_\_\_\_

Relationship to the # : \_\_\_\_\_

Physical Description of k : \_\_\_\_\_

2. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Affiliation to Denver Seminary: \_\_\_\_\_ Gender: \_\_\_\_\_

Relationship to the # : \_\_\_\_\_

Physical Description of k : \_\_\_\_\_



3. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Affiliation to Denver Seminary: \_\_\_\_\_ Gender: \_\_\_\_\_

Relationship to the # \_\_\_\_\_ :

Physical Description of k \_\_\_\_\_ :

#### Section IV: Details about the Incident

Physical injury?    yes    no    Threat of physical injury?    yes    no    Use of weapon?    yes    no

Description of weapon: \_\_\_\_\_

Please provide a brief narrative of the incident:

#### Section V: Witnesses to the Incident

1. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

2. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

3. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Declaration:

*I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge. Your email address in lieu of your signature is required if this complaint is filed via email.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date