

Auburn University Complaint Form

for

Sexual Harassment, Sexual Assault, Intimate Partner Violence, or Other Sexual Misconduct

This form is specific to the above described types of behavior and may be completed by any member of the Auburn University community who has experienced or otherwise become aware of an incident of sexual harassment, sexual assault, intimate partner violence, sexual exploitation, or other types of sexual misconduct. These behaviors may constitute a violation of the University's Title IX Policy or the Policy Against Discrimination and Harassment. Please complete the form to the best of your ability.

Today's Date:

Name:

Banner ID:

Phone Number:

E-mail:

Preferred Method of Contact:

Phone

E-mail

Text Message

Other:

AU Affiliation:

Undergraduate Student

Graduate Student

Faculty

A&P

Staff

Alumni

Guest

Incident Date:

Incident Time:

Incident Location:

Campus Building

Campus Outdoors

Organization House

Off Campus

AU Sponsored Event

Type of Incident:

Sexual Harassment

Sexual Assault

Intimate Partner Violence

Sexual Exploitation

Other:

Specific Location:

Individual who committed the alleged conduct:

Their AU Affiliation:

Student

Faculty

A&P

Staff

Alumni

Guest

Other

In the space provided, please provide a brief narrative of what occurred. If you have physical evidence supporting the alleged conduct, please state what type of evidence it is, i.e. text messages, photos, social media posts, etc, and what the evidence shows.

Signature: _____

Date: _____