

This form provides students, staff, faculty, applicants, visitors, or others with a hard copy/PDF method to report specific information related to an alleged incident(s) of discrimination, harassment (including sexual misconduct), or retaliation.

**Procedure:**

A complaint may be filed with the Office of Institutional Equity (OIE) in person, by regular mail, or by email. Generally, the OIE will need all of the information below. You may (but are not required to) print this form and bring it to the office in person, mail the form to the OIE, or submit it by email. To discuss your complaint with a member of the OIE, you can schedule a meeting in person, via telephone, or email.

**Confidentiality:**

Complaints are confidential and will not be disclosed to anyone who does not have a need to know. This requirement applies to complainants, respondents, witnesses, and any others involved with a complaint.

If you believe criminal conduct has occurred, make a criminal complaint to the police. The criminal justice system and this Policy are separate procedures. Reports must be made under both procedures to ensure that both will go forward.

**Reporters Information**

This information is intended to be completed by the reporting party.

Full Name or Organization \_\_\_\_\_

University Status (*select all that apply*):  KSU Student  KSU Staff  KSU Faculty  Other (*describe*): \_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

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

Best way to contact you (*required*):  
\_\_\_\_\_

Continuing Harm:  Yes  No

Date of incident (*required*): \_\_\_\_\_ Time of incident: \_\_\_\_\_

Location of incident (*required*):

- Off Campus
- Academic or Research Buildings (*name building*) \_\_\_\_\_
- Residence Halls
- Other \_\_\_\_\_
- Olathe (*name building*) \_\_\_\_\_
- Salina (*name building*) \_\_\_\_\_

Specific location: \_\_\_\_\_

## Involved Parties

Please list all persons involved. This includes the respondent and any witnesses to the incident. Definition of Roles:  
Complainant: is the person affected by the prohibited conduct. Respondent(s): is the person whom the complaint is about or the person who is believed to have caused the prohibited conduct. Witness(es): is any person with direct or indirect knowledge of the allegation(s) of prohibited conduct made in a complaint or report.

Name: \_\_\_\_\_

Person's role as it relates to the alleged incident: \_\_\_ Complainant \_\_\_ Respondent \_\_\_ Witness

Their University Status (*select all that apply*): \_\_\_ KSU Student \_\_\_ KSU Staff \_\_\_ KSU Faculty \_\_\_ Other: \_\_\_\_\_

K-State WID: \_\_\_\_\_ DOB (YYYY-MM-DD): \_\_\_\_\_ (*if known*)

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

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Name: \_\_\_\_\_

Person's role as it relates to the alleged incident: \_\_\_ Complainant \_\_\_ Respondent \_\_\_ Witness

Their University Status (*select all that apply*): \_\_\_ KSU Student \_\_\_ KSU Staff \_\_\_ KSU Faculty \_\_\_ Other: \_\_\_\_\_

K-State WID: \_\_\_\_\_ DOB (YYYY-MM-DD): \_\_\_\_\_ (*if known*)

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

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Name: \_\_\_\_\_

Person's role as it relates to the alleged incident: \_\_\_ Complainant \_\_\_ Respondent \_\_\_ Witness

Their University Status (*select all that apply*): \_\_\_ KSU Student \_\_\_ KSU Staff \_\_\_ KSU Faculty \_\_\_ Other: \_\_\_\_\_

K-State WID: \_\_\_\_\_ DOB (YYYY-MM-DD): \_\_\_\_\_ (*if known*)

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

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Print and attach additional sheet(s) if necessary

## Questions

The discrimination impacted the following: (select all that apply) *(Required)*

- Kansas State University academic performance, academic opportunities, or learning environment
- Kansas State University employment
- Kansas State University on-campus housing
- Participation in a Kansas State University-sponsored event or program
- Other non-University related impact
- None of the above

Please briefly describe why you are contacting OIE: Please provide as much information as possible including but not limited to: the specifics of the conduct, the dates and locations of the conduct, and the impact the conduct has had on the complainant's employment, learning or living environment, or the complainant's ability to participate in university programs. Attach additional pages and relevant documents to provide as much information as possible. *(Required)*

Have you brought this matter to the attention of any other department(s) at the University? If so, please list the name(s) and departments of all other persons with whom you have discussed the matter.

Police File Number (if applicable)

I certify the information provided is true and accurate to the best of my knowledge. *(Required)*

Agree  Don't Agree

I understand that submitting this report constitutes official notice to Kansas State University and authorizes the institution to evaluate this concern pursuant to University Policy. *(Required)*

I Understand

If you have safety concerns and would like us to contact you by a specified means or telephone number, please provide that information below.

Do you wish to request a reasonable accommodation of a disability in order to participate in the reporting and/or resolution process? If so, please state what accommodation(s) you are requesting.

Yes – Accommodation (s) \_\_\_\_\_

No

What, if any, are your pronoun preferences?

If OIE determines I am the Complainant, I understand and acknowledge that submission of this report constitutes my signed written complaint which will be reviewed in accordance with the Policy Prohibiting Discrimination, Harassment, and Sexual Harassment, and Procedure for Reviewing Complaints? The Complainant is the person affected by the prohibited conduct. *(Required)*

Yes, I do

No, I do not

## Supporting Documentation

Please attached any/all documentation you may have that is associated with this report.

**Office of Institutional Equity, 103 Edwards Hall, 1810 Kerr Dr., Kansas State University, Manhattan, KS 66506**  
Phone: 785-532-6220 Email: [equity@k-state.edu](mailto:equity@k-state.edu) Website: <http://www.k-state.edu/oie/>  
Online Reporting Form: <http://www.k-state.edu/oie/resolution/file-complaint.html>