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.

**Filing Deadline:**
Complaints filed under the Policy must be filed within 180 calendar days of the alleged discrimination, harassment, or retaliation. Complaints sent by mail are considered submitted on the postmark date. Complaints sent by fax, email, or submitted online will be considered filed on the day the complaint is faxed or emailed.

**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): | ___Phone      ___ Email        ___Other  |
| 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: ___________________________
________________________________________________________________________________
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: ___________________________
________________________________________________________________________________
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: ___________________________

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)*

What would you like to see happen as a result of this complaint? *(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.

Supporting Documentation

Please attached any/all documentation you may have that is associated with this report. 1GB maximum total size.