

# FORMAL GRIEVANCE FORM

Mount Vernon Nazarene University

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

Status (check one): Student \_\_\_ Employee \_\_\_

Department/School (employees only) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_

Nature of Grievance (check one):

Sexual Discrimination \_\_\_ Sexual Harassment \_\_\_ Sexual Violence \_\_\_

Retaliation related to current or prior sexual discrimination/harassment/violence grievance \_\_\_

**ON A SEPARATE SHEET OF PAPER, DESCRIBE THE FACTS THAT GAVE RISE TO THE GRIEVANCE**

\_\_\_\_\_  
Complainant (print)

\_\_\_\_\_  
Complainant (signature)

\_\_\_\_\_  
Person signing on behalf of complainant (print)\*

\_\_\_\_\_  
Relationship to complainant\*

\_\_\_\_\_  
Date Grievance Received

\_\_\_\_\_  
Title IX Director (signature)

\_\_\_\_\_  
Date Grievance Sent to Accused\*\*

**\* If the form is filed by a parent of the complainant or someone other than a parent on the complainant's behalf, this individual should so indicate – the separate statement of facts is still required**

**\*\* The complainant's separate statement of facts + bottom portion of this form (beginning with "Nature of Grievance") will be sent to the accused – if the complainant requests confidentiality, only the separate statement will be sent, in which case the complainant is responsible for ensuring that the statement does not refer to him/her by name**