



Sexual Harassment Formal Complaint Form

Full Sail does not discriminate on the basis of sex in its educational programs and activities, including admissions and employment, as required by Title IX and its implementing regulations at 34 C.F.R. Part 106.

The University will promptly respond to and equitably investigate complaints regarding prohibited conduct that may violate this policy in order to eliminate, prevent, and remedy the adverse effects of such conduct within University-related programs or activities.

The full Sexual Harassment Policy and Grievance Procedures may be found [here](#).

Title IX Coordinator

Shayne Cade

Director of Institutional Effectiveness & Compliance

3300 University Boulevard

Building 130 (Business Office)

Winter Park, FL 32792

407-679-0100

titleix@fullsail.com

In emergency situations, if there is a suspected crime in progress, or imminent or serious threat to the safety of anyone, immediately contact the authorities by dialing 911. If you are using a campus phone, you must dial 9-9-1-1 for the call to go through. On campus, always call the Security department at extension 5555 after calling 9-1-1.

In non-emergency situations, all members of the University community are encouraged to report any suspected violation of this policy to the Title IX Coordinator. Members of the University community may consider consulting a Confidential Resource, as appropriate, prior to making a report to the Title IX Coordinator.

To file a complaint with the University, please complete and mail, email, or bring this form to the office listed above. Or, you may call the number above to make arrangements to meet with the Title IX Coordinator. If you are unable for any reason to complete this form and would like to make a verbal complaint, please call the contact listed above.

Full Sail will take all reasonable steps to exercise discretion and protect the privacy of those involved in a complaint. However, the University has an obligation to make reasonable efforts to investigate and address complaints or reports of violations of this policy. In all such proceedings, the University will take into consideration the privacy of the Parties to the extent possible while also providing a safe, non-discriminatory environment for all applicants, students and employees.

Any additional disclosure of information related to the complaint or report may be made if consistent with the Family Educational Rights and Privacy Act (FERPA), or Title IX requirements.

A victim of discrimination or harassment is encouraged to use the University's internal complaint process. Persons believing they have been discriminated against or harassed may seek assistance from government agencies including the Department of Labor or Department of Education, Office for Civil Rights.



SEXUAL HARASSMENT FORMAL COMPLAINT FORM

Title IX of the Education Amendments of 1972 prohibits discrimination on the basis of sex in the University's educational programs and activities. For a full definition, please review the University's published Sexual Harassment Policy and Grievance Procedures.

Full Sail University Affiliation (please check):

Faculty

If other, please explain:

Staff

Active Student

Employment Applicant

Student Applicant

Other

Complainant (Person Filing this Report):

Last Name	First Name	M.I.
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Address

Telephone

Email Address

Nature of Complaint (please check):

Sexual Harassment

If other, please explain:

Sexual Assault

Dating Violence

Domestic Violence

Stalking

Other

Person Who Discriminated Against You (Respondent):

Name

Title, if applicable

Department, if applicable

Description of Complaint: Describe your complaint and why you believe this person discriminated and/or retaliated against you. Explain why you have contact with this individual. Give date(s), time(s), place(s) the discrimination and/or retaliation occurred. Attach additional pages if necessary.

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

Complaint Documentation: Explain any documentation supporting your complaint and, if possible, provide it to the Title IX Coordinator with this form.

Corrective Action Sought (please check all that apply):

Supportive Measures

If other, please explain:

Informal Resolution

Formal Grievance Process

Other

Witnesses: (Relationship=co-worker, supervisor, classmate, faculty, etc.)

Name	Title/Relationship	Telephone
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Name	Title/Relationship	Telephone
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Name	Title/Relationship	Telephone
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Additional witnesses may be provided to the Title IX Coordinator.

Declaration:

I declare under penalty of perjury that the information provided here is true and correct. I understand that submitting this Sexual Harassment Formal Complaint Form will initiate the University's sexual harassment grievance procedures as outlined in the Sexual Harassment Policy and Grievance Procedures.

Signature	Print Name	Date
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