COMPLAINANT STATEMENT
Sexual Misconduct Adjudication Process

To file a disciplinary complaint against a member of the Union College community under the Sexual Misconduct Adjudication Process, please submit a written statement detailing the allegations of sexual misconduct. This statement should communicate the full account of events and context, as well as your reflections. This statement should provide as much detail as possible about the facts surrounding the alleged conduct. This statement should be submitted to the Title IX Coordinator, Melissa Kelley (518.388.6865 or kellem2@union.edu). Once submitted, this statement may not be amended. The respondent will not be allowed to see this statement until after they have submitted their statement in response to the Complaint Form.

**Complainant:**
______________________________________________________________________________________

**Respondent:**
______________________________________________________________________________________

**Date(s) of Conduct:**
______________________________________________________________________________________

**Location(s) of Conduct:**
______________________________________________________________________________________

**Details of Complaint:**

✔ **Describe the event(s) in full detail.** Relate in full the facts of the incident as you recall them. Take care to distinguish between what you saw, heard, or experienced first-hand from what you may have learned later from others.

✔ **Describe the context.** It is important for you to give your perception of the respondent’s conduct and the context in which the alleged incident occurred, including its location, and any witnesses to it.

✔ **Reflect on the event(s).** It is helpful for you to provide any conclusions you have drawn about the incident, stating clearly why you believe the respondent’s actions may have violated College policy or the Code of Conduct.

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(Please attach additional sheets if necessary)
Supporting Information: Please list all sources of information that you believe should be considered in deciding the disciplinary complaint. Please provide a brief explanation of why this information would be relevant and helpful to the process. Please identify the sources and/or locations of supporting information but do not attempt to obtain this information yourself. Attach additional sheets if necessary.

Witnesses: (please provide name, location and contact information if known):

1. _____________________________________________________________________________________________

   _____________________________________________________________________________________________

2. _____________________________________________________________________________________________

   _____________________________________________________________________________________________

3. _____________________________________________________________________________________________

   _____________________________________________________________________________________________

Correspondence/Documents: (Please reference any evidence and attach or include any emails, texts, journals, blogs or other documentation where the issue was discussed. Please email: kelleym2@union.edu with any information you have electronically.)

   _____________________________________________________________________________________________

   _____________________________________________________________________________________________

Verification: I, ________________________________, the Complainant, acknowledge and agree that this statement is truthful and complete to the best of my knowledge. I further verify that I personally drafted and composed this statement, in its entirety, and that the statement was not prepared by someone other than me. I acknowledge and agree that it is improper to submit a statement prepared by someone other than myself, and that submitting a statement prepared by someone else is grounds for dismissal of the complaint in its entirety.

Acknowledged and Agreed

Complainant Signature: ________________________________

Date: ________________________________

Date received by Title IX Coordinator: ________________________________

Title IX Coordinator Signature: ________________________________