UNION COLLEGE
FOUNDED 1795

COMPLAINT FORM
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 this *Complaint Form*. This document should contain basic information such as the time, date, location, and brief description of the allegation underlying the disciplinary complaint. This *Complaint Form* must contain sufficient detail to permit a reasonable person to understand the complaint being brought forward and to be able to adequately respond. The Respondent will be given access to the *Complaint Form* **prior** to filing a written response statement. This statement should be submitted to the Title IX Coordinator, Melissa Kelley (518.388.6865 or kelleym2@union.edu).

Complainant: _____

Respondent: _____

Date(s) of Conduct: _____

Location(s) of Conduct: _____

Basis of Complaint:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

(Please attach additional sheets if necessary)

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: _____