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: _____

Alleged Policy Violation: _____

Please note: *Allegations are subject to investigation. Charges, if any, will be determined by the Dean of Students Office at the conclusion of an investigation and Notice of Charges will be provided to the Respondent if necessary.*

Alleged Conduct:

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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: _____