

**Appendix III: UVI Sexual Harassment Reporting Form for Students**

**UNIVERSITY OF THE VIRGIN ISLANDS  
Sexual Harassment Reporting Form  
[For Students]**

**Directions:** This form should be used to report any instance in which you believe that you have been sexually harassed. The University's Sexual Harassment Policy provides a mechanism through which reports of sexual harassment can be investigated and resolved. Your completed form should be submitted to any of the following individuals: to the Deans of Schools and Colleges, the Chair of an academic department, or to any student advisor, supervisor or manager, or a Human Resources representative.

Name: \_\_\_\_\_ Date of Complaint: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

College or School: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Address: \_\_\_\_\_ Contact Number: \_\_\_\_\_

1. Please describe, in as much detail as possible, the nature of your complaint. Please include dates, locations and other details that will help with the investigation of your complaint.

---

---

---

---

---

---

---

---

---

---

2. Please provide names and contact information of any witness(s) who were present when one or more of the details described in item #1 occurred.

Name	Contact Information

3. Please provide the names and contact information of any person(s) at UVI with whom you discussed or shared information about the incident(s) before you completed and submitted this written complaint.

Name	Contact Information	Date Information was Shared

4. Please provide any supporting materials that you have relative to the complaint being filed. (Examples of supporting materials include, but are not limited to, documents; e-mails; facsimiles; notes; pictures or other graphics; and recorded messages)
5. How would you like your complaint addressed?
- a. Through the Early Resolution Process
  - b. Through the Formal Grievance Process

### University Official Receiving Complaint Form:

Name: \_\_\_\_\_ Position Title: \_\_\_\_\_

**Acknowledgment**

To investigate your complaint, it will be necessary to interview you, the alleged harasser(s), and any witnesses with knowledge of your complaint. The University will notify all persons involved in the investigation that it is confidential and that unauthorized disclosures of information concerning the investigation could result in disciplinary action. The University is committed to handling your complaint with the highest professional integrity and confidentiality and to ensuring due process to both complainant and the respondent.

The information provided in this complaint is true and correct to the best of my knowledge. I will cooperate fully in the investigation of my complaint and provide requested evidence deemed relevant by the University.

Complainant's Signature \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Month Day Year

Signature \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Month Day Year

Date submitted to Title IX Coordinator: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Month Day Year