

TITLE IX/ DISCRIMINATION/HARASSMENT/ CODE OF CONDUCT COMPLAINT FORM



For complaints against a student:

Instructions: Submit this form to the Department of Student Affairs' Title IX Coordinator (Dean of Students).

For complaints against an employee:

Instructions: Submit this form to the Human Resources Department's Title IX Coordinator.

Person filing the complaint:

Name:		Student Id No:	
Email:		College/Major:	
Contact Address:		Contact Phone:	
Status:	<input type="checkbox"/> Student <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Other		

Person who is accused of violating university policy:

Name:		Student ID No:	
Email:		College/Major:	
Contact Address:		Contact Phone:	
Status:	<input type="checkbox"/> Student <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Other		

Please check box(es) that apply to the type of Title IX Discrimination/Harassment you are reporting:

[Parker University Catalog](#) pages: 170-174:

<input type="checkbox"/> Sexual Misconduct	<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Race/Color	<input type="checkbox"/> Disability
<input type="checkbox"/> Sexual Harassment	<input type="checkbox"/> Dating Violence	<input type="checkbox"/> Age	<input type="checkbox"/> Sexual Orientation
<input type="checkbox"/> Sexual Violence	<input type="checkbox"/> Stalking	<input type="checkbox"/> Gender	<input type="checkbox"/> Religion

Please check box(es) that apply to the Student Code of Conduct Violation you are reporting:

[Parker University Catalog](#) pages: 161-165:

<input type="checkbox"/> (A) Academic Dishonesty	<input type="checkbox"/> (F) Adverse /criminal law	<input type="checkbox"/> (M) Selling drugs	<input type="checkbox"/> (T) Abuse of computers/technology
<input type="checkbox"/> (B) Obstruction of instruction	<input type="checkbox"/> (G) Student obligation	<input type="checkbox"/> (N) Smoking/Tobacco	<input type="checkbox"/> (U) Abuse of judicial system
<input type="checkbox"/> (C) Unauthorized use	<input type="checkbox"/> (H) Copyright laws	<input type="checkbox"/> (O) Unauthorized alcohol	<input type="checkbox"/> (V) Adjusting without supervision
<input type="checkbox"/> (D) Damaging Parker property	<input type="checkbox"/> (I) Abuse/Harassment	<input type="checkbox"/> (P) Obscene phone /offensive clothing	<input type="checkbox"/> (W) Patients properly draped
<input type="checkbox"/> (E) Theft/damage	<input type="checkbox"/> (J) Hazing	<input type="checkbox"/> (Q) Tampering fire alarms	
	<input type="checkbox"/> (K) Firearm possession		
	<input type="checkbox"/> (L) Knife/blade 5 ½		

Witness Name:	Witness Phone No:	Witness Email:

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Please provide specific details about the policy violation you are reporting. To the best of your knowledge, please include name(s), date(s), time(s), and location(s). Please use additional forms if more space is needed:

Please list any evidence (texts, emails, notes, voicemails, pictures, videos etc.) you have that will support your complaint:

Have you made any prior attempts to formally or informally resolve this issue prior to filing this complaint form?

- Yes
- No

If yes, please summarize the action(s) you have taken:

Please described how you would like to see this situation/complaint resolved:

Submitted by (Printed Name / Title / Signature):

Date:

Received by (Printed Name / Title / Signature):

Date: