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**DISCRIMINATION POLICY REPORT FORM**

**(Administrative Intake and Handling to Resolution or Referral)**

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| Prepared by: | Date: |

**INITIATOR (PERSON WHO CAME FORWARD TO RAISE THE ISSUE OR WHO WILL ACT IN THE PLACE OF THE COMPLAINANT MOVING FORWARD WITH A FORMAL COMPLAINT) – *IDENTIFY HERE ONLY IF NOT THE SAME AS COMPLAINANT NAMED BELOW***

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| Name of Person Initiating Contact: | Date of Initial Contact: |
| Initiator’s status at W&L: | Did Initiator request anonymity? |
| **Please note that anonymity cannot be guaranteed.** |

**COMPLAINANT (PERSON WHO WAS SUBJECTED TO THE ALLEGED MISCONDUCT)**

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| --- | --- |
| Name of Complainant: | Date of initial interview with Complainant: |
| Complainant’s status at W&L: | Did Complainant request anonymity? |
| **Please note that anonymity cannot be guaranteed. However, if complainant does not want to proceed with formal action and university determines no further action is required under the circumstances, complainant’s name need not be included in this report.** |

**RESPONDENT (PERSON WHOSE BEHAVIOR IS THE SUBJECT OF THE COMPLAINT)**

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| Name of Respondent: | Date of initial interview with Respondent: |
| Respondent’s status at W&L: | |

**ALLEGATIONS AND INFORMATION PROVIDED & APPLICABLE UNIVERSITY POLICIES**

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| --- | --- |
| Date of Misconduct: | Location of Misconduct: |
| Description of Alleged Misconduct: | |
| And Any Other University Policies That May Be Applicable: | |

**PERSONS INVOLVED IN HANDLING COMPLAINT OTHER THAN REPORTER ON THIS FORM**

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**RESOLUTION**

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| Action requested by complainant: |
| Efforts at informal resolution of complaint in appropriate cases **[NOT IN SEXUAL ASSAULT CASES]**: |
| Disposition of Complaint: |
| Submitted by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date Report Submitted:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| DPA Coordinator Signature (if handled by DPA): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Assistant Title IX Coordinator Signature:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |