

**Complaint of Sexual Harassment, Sexual Assault, Sexual Misconduct,
Relationship (Dating) Violence, Stalking or Gender Discrimination**

Unlawful sexual behaviors are not tolerated at Marygrove College, and formal complaints will be investigated in a vigorous and timely manner. The information you provide in this form will be kept as confidential as is reasonably possible, although you should understand that the accused will be informed of the details of your complaint.

You do not have to use this form to receive assistance. If you believe you have been a victim of unlawful sexual behaviors by any member of the College community, you are encouraged to bring it to the attention of the Title IX Coordinator, Campus Safety Officer and/or other College official.

This form is to be used for reporting to the Title IX Coordinator. **If you would like to initiate a criminal investigation call the Marygrove Campus Safety Department, 313-927-1411 as soon as possible.** The Title IX Coordinator is available to provide you with answers to questions you may have about the process and your options, advice and/or referrals.

Date : _____

Name: _____

Address: _____ City/State/Zip: _____

Cell phone: _____ Email: _____

i. Type of complaint. What is the basis of your complaint? Mark all that apply.

<input type="checkbox"/>	Sexual Harassment	<input type="checkbox"/>	Sexual Assault
<input type="checkbox"/>	Sexual Misconduct	<input type="checkbox"/>	Relationship (Dating) Violence
<input type="checkbox"/>	Stalking	<input type="checkbox"/>	Retaliation
<input type="checkbox"/>	Rape	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Gender Discrimination	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	

Marygrove College
8425 W. McNichols, Detroit, MI 48221

Describe your complaint. Please summarize below and attach additional pages if necessary.

Name of person or persons you believe committed the offense against you and how you have contact with them, e.g., student, faculty, staff

Date of incident: _____ **Time** of incident: _____

Location of incident (be as precise as possible, e.g. on or off campus):

Is the person a Marygrove student, staff or faculty member? _____

Did you contact campus safety? Yes ___ / No ___ If yes provide date and time _____

Did you contact the Police Department? Provide date and time _____

Witnesses or person(s) who have knowledge of the unlawful sexual behaviors described above. These people may be contacted during the course of the investigation.

Name _____ telephone number _____

Name _____ telephone number _____

Name _____ telephone number _____

Affirmation and Authorization. Must be signed by the complainant.

I authorize the official investigating this complaint to contact the person(s) named by me in the complaint to attempt resolution.

I understand that an investigation of this complaint will be conducted and that it is the practice in such an investigation to maintain confidentiality to the extent permitted by law. Despite the confidentiality of these proceedings, I further understand that during the course of this investigation over this complaint, it may be necessary to reveal facts discovered in this inquiry to persons who may have further information relevant to the complaint.

Likewise, I agree to refrain from discussing this investigation with co-workers/students.

I understand that it is both illegal and against Marygrove policy for anyone to retaliate against me for filing this complaint. I have been advised to contact the Title IX Coordinator immediately if I experience any retaliation or negative repercussions for filing this discrimination complaint. Retaliation is a separate and distinct matter under the law.

I also understand that by using the Marygrove Sexual Harassment, Sexual Assault, Sexual Misconduct, Relationship (Dating) Violence or Stalking Complaint process, I have not waived my right to file a similar complaint with an external agency or to seek legal advice from my own attorney. I recognize that information I provide as part of this investigation may be used in future proceedings.

I affirm that the information and documentation I have provided with regard to this complaint is true and accurate to the best of my knowledge. I acknowledge that knowingly providing false information pursuant to this charge and investigation will subject me to disciplinary action.

Complainant Signature: _____ Date: _____

**After completion, please deliver the form to Tamiko Ogburn MC210 or email to togburn@marygrove.edu
Do not write below this line.**

Recipient of Formal Complaint: _____

Title: _____ Date: _____

Date for initial intake: _____

Completion of Investigation Date: _____