

3100 Marine Street, 2nd Floor 557 UCB Boulder, CO 80309 (303) 492-2127

Sexual Misconduct, Intimate Partner Violence, and Stalking Formal Complaint Form

This form is to be completed by an individual who wishes to initiate a formal complaint pursuant to the University of Colorado Sexual Misconduct, Intimate Partner Violence, and Stalking Policy. This form is required in order to initiate a formal grievance process.¹

By submitting this form, you are indicating that to the best of your knowledge, you allege that the Respondent identified below committed sexual misconduct covered by the university's Sexual Misconduct, Intimate Partner Violence, and Stalking, sexual exploitation, Title IX hostile environment, hostile environment, Title IX quid pro quo sexual harassment, quid pro quo sexual harassment, and/or related retaliation. If you are unsure whether your concern falls under the Sexual Misconduct, Intimate Partner Violence and Stalking Policy, please contact the OIEC at cureport@colorado.edu or 303-492-2127 to speak with an Investigator.

Individuals may receive supportive measures with or without filing a formal complaint, and there is no time limit on filing a formal complaint. Upon receiving this form and speaking with the complainant, the OIEC will issue a Written Notice of Allegations containing the detailed allegations under investigation to both parties. Incomplete forms or failure to provide additional information to a representative from the OIEC may result a delay or the inability to commence a formal grievance into this concern. Any additional information that is submitted in conjunction with this form will be retained in the investigative file, which all parties (the complainant(s) and respondent(s)) will have access to. Please be aware that the Respondent will be notified that a formal complaint has been filed with the OIEC after this form is submitted and reviewed by the OIEC.

Complainant Information (Complainant refers to an individual who is alleged to be the subject
of misconduct or related retaliation)
Name of Complainant:
Complainant phone number:
Complainant email address:
Complainant's University affiliation: □Student □Staff □Faculty □Other:
Respondent and Incident Information (<i>Respondent refers to an individual who has been reported to be the individual engaged in misconduct or related retaliation</i>)
Name of Respondent, if known:
Date of incident(s), if known:
Location of incident(s), if known:
Respondent's University affiliation: □Student □Staff □Faculty □Other:

¹ For more information regarding a formal grievance process, please see the <u>Sexual Misconduct, Intimate Partner Violence</u>, and <u>Stalking Policy</u> or contact the OIEC at 303-492-2127.

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	I have met with a representative from the OIEC, and based on the information about the resolution options, I would like to initiate a formal complaint.		
	I have not met with a representative from the OIEC. I wish to initiate a formal complaint at this time, but I understand that prior to the Written Notice of Allegations I will need to provide additional information to a representative from the OIEC.		
	I am the Title IX Coordinator or designee, and I am University of Colorado Boulder.	filing this complaint on behalf of the	
Your signature below indicates your decision to file a formal complaint pursuant the Sexual Misconduct, Intimate Partner Violence, and Stalking Policy.			
Compl	ainant	Date	

This form may be submitted via the following options:

- Email to cureport@colorado.edu
- Email directly to the Title IX Coordinator (valerie.simons@colorado.edu) or to an Investigator
- Attach to online reporting form
- Via mail to this address:

Please select one:

Office of Institutional Equity and Compliance University of Colorado Boulder 3100 Marine St., 2nd Floor 557 UCB Boulder, CO 80309