

FORMAL GRIEVANCE FORM
Mount Vernon Nazarene University

Name _____ Date _____

Status (check one): Student ___ Employee ___

Department/School (employees only) _____

E-mail Address _____

Mailing Address _____

Telephone Number(s) _____

Nature of Grievance (check one):

Sexual Discrimination ___ Sexual Harassment ___ Sexual Violence ___

Retaliation related to current or prior sexual discrimination/harassment/violence grievance ___

ON A SEPARATE SHEET OF PAPER, DESCRIBE THE FACTS THAT GAVE RISE TO THE GRIEVANCE

Complainant (print)

Complainant (signature)

Person signing on behalf of complainant (print)*

Relationship to complainant*

Date Grievance Received

Title IX Director (signature)

Date Grievance Sent to Accused**

*** If the form is filed by a parent of the complainant or someone other than a parent on the complainant's behalf, this individual should so indicate – the separate statement of facts is still required**

**** The complainant's separate statement of facts + bottom portion of this form (beginning with "Nature of Grievance") will be sent to the accused – if the complainant requests confidentiality, only the separate statement will be sent, in which case the complainant is responsible for ensuring that the statement does not refer to him/her by name**