

**Instructions for Using the Discrimination Complaint Form**

(Including race, color, national origin, sex, disability, or age discrimination)

This complaint form may be used by complainants and persons filing the complaint on behalf of complainants, the Equity Compliance Officer and other responsible employees. All complaints should be forwarded to the Equity Compliance Officer immediately.

**Equity Compliance Officer**

Saint Paul School of Theology, Fox Hill Administrative Offices

Melissa Whalen

913.253.5091

melissa.whalen@spst.edu

**Associate Dean of Students**

Margaretta Narcisse

913.253.5097

margaretta.narcisse@spst.edu

**Human Resource Director/Chief Financial Officer**

Saint Paul School of Theology, Fox Hill Administrative Offices

Matthew Mills

913.253.5060

matthew.mills@spst.edu

To file a complaint with Saint Paul School of Theology, please complete and mail, email, or bring this form to the appropriate office as listed above. Or, you may call the appropriate office to make arrangements to meet there or another location. If you are unable for any reason to complete this form and would like to make a verbal complaint, please call to schedule an appointment.

Although Saint Paul School of Theology cannot commit to keeping a complaint of discrimination confidential because of Saint Paul School of Theology’s obligation to investigate the complaint, the seminary will use its best efforts not to disseminate information concerning the complaint beyond those who have a need to know.

Please feel free to contact our offices if you have any questions regarding the process for filing or investigating complaints of discrimination or harassment based on race, color, national origin, sex, disability, age, or any other protected status. .



**Discrimination Complaint Form**

(Prohibited discrimination on the basis of race, color, national origin, sex, disability, age, or any other protected status.)

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Equity Compliance Officer Received Complaint: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How Complaint Received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Information Regarding the Complainant**:

First & Last Name of Complainant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complainant’s address, phone #(s), & email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The Complainant is** (please circle one) faculty, student, staff, not affiliated with the seminary

**For faculty, staff, & students, indicate whether** (please circle one) current, or former

**Nature of complaint**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Information Regarding the Alleged Victim (if he or she is not the Complainant)**:

First & Last Name of the alleged victim: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alleged victim’s address, phone #(s), & email (if known): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The alleged victim is** (please circle one) faculty, student, staff, not affiliated with the seminary

**For faculty, staff, & students, indicate whether** (please circle one) current, or former

**Information Regarding the Respondent**: (Person who is alleged to have engaged in prohibited discrimination or harassment.)

First & Last Name of the Respondent: \_\_\_\_­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Respondent’s address, phone #(s), & email (if known): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The respondent is** (please circle one) faculty, student, staff, not affiliated with the seminary

**For faculty, staff, & students, indicate whether** (please circle one) current, or former

**Information Regarding the Alleged Misconduct (race, color, national origin, sex, disability, or age discrimination or harassment, or discrimination based on any other protected status)**:

Time and date of the alleged misconduct: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of the alleged misconduct: (On Campus): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Off Campus): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Witnesses or other parties who may have information regarding the alleged Misconduct, along with phone number, if known**:

**Please provide a brief description of the alleged Misconduct**:

*Please include the following information in your description when known: the gender of the parties, the relationship between the parties, whether one of more of the parties were under the influence of alcohol or drugs at the time of the alleged Misconduct, whether the Respondent used force (physical or otherwise) in the course of the alleged Misconduct, and the frequency (if applicable) of the alleged Misconduct.*

*Please feel free to use the reverse side of this form or separate pages to continue your description, if desired.*