



## **Instructions for Using the Discrimination/ Harassment/Sexual Harassment Formal Complaint Form**

(Prohibited discrimination, harassment, or sexual harassment including race, color, creed, religion, sex, pregnancy status, sexual orientation, marital status, national origin or ancestry, age, gender, disability, citizenship or intending citizenship status, gender identity, veteran status, or any other status protected by law ["protected status"])

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 & Title IX Coordinator**

Saint Paul School of Theology  
Leanna Walkowiak  
913.253.5091  
[leanna.walkowiak@spst.edu](mailto:leanna.walkowiak@spst.edu)

### **Associate Dean of Student Affairs**

Saint Paul School of Theology  
Margaretta Narcisse  
913.253.5097  
[margaretta.narcisse@spst.edu](mailto:margaretta.narcisse@spst.edu)

### **Chief Financial Officer/Chief Operations Officer/Director of Human Resources**

Saint Paul School of Theology  
Matthew Mills  
913.253.5060  
[matthew.mills@spst.edu](mailto: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/harassment/sexual harassment 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, harassment, or sexual harassment based on race, color, national origin, sex, disability, age, or any other protected status.



Discrimination/Harassment/Sexual Harassment
Formal Complaint Form

(Prohibited discrimination, harassment, or sexual harassment based on race, color, creed, religion, sex, pregnancy status, sexual orientation, marital status, national origin or ancestry, age, gender, disability, citizenship or intending citizenship status, gender identity, veteran status, or any other status protected by law ["protected status"])

Today's Date:
Date Equity Compliance Officer Received Complaint:
ECO initials
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 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 former

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

Witness Name	Witness Phone Number
_____	_____
_____	_____
_____	_____

**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.*

\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of person filing complaint: \_\_\_\_\_

Print name \_\_\_\_\_

Date signed: \_\_\_\_\_

Verification of Identification by ECO/Title IX Coordinator:    \_\_\_ yes    \_\_\_ no

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