



COMPLAINT FORM

Submit Form To:
ACHS
Title IX Coordinator
5005 S. Macadam Avenue
Portland OR 97239
Email TitleIX@achs.edu

Today's Date

Status: Student Employee
 Former Student Former Employee
 Faculty
 Other _____

1. COMPLAINANT If more than one Complainant, please complete a separate form. Add additional pages if necessary.

Complainant – Name and Title _____

Department _____ Student ID Number _____

Address _____ Work Phone _____

City/State/Zip _____ Cell Phone _____

2. TYPE & BASIS OF COMPLAINT Check the boxes that apply.

Type of Complaint: Discrimination Harassment Sexual Harassment Sexual Violence Retaliation

Level of Complaint: Informal Formal

3. RESPONDENT (person accused) Add additional pages if necessary.

RESPONDENT 1 – Name and Title _____

Address (Work) _____ Work phone _____

Address (Home) _____ Home phone _____

_____ Mobile phone _____

Respondent's Status: Student Faculty ACHS Staff Other: _____

RESPONDENT 2 – Name and Title _____

Address (Work) _____ Work phone _____

Address (Home) _____ Home phone _____

_____ Mobile phone _____

Respondent's Status: Student Faculty ACHS Staff Other: _____

4. DETAILS OF COMPLAINT Explain your complaint in detail. Add additional pages if necessary.

Describe the specific incident(s) of alleged discrimination, harassment, and/or retaliation. List the times, dates, location, as well as the names and titles of the people involved.

State the specific reason(s) why you believe the Respondent(s) discriminated, harassed, and/or retaliated against you.

5. WITNESSES List those witnesses with specific information about your complaint. Add additional pages if necessary.

WITNESS 1 – Name _____

Address (Work) _____ Work phone _____

Address (Home) _____ Home phone _____

_____ Mobile phone _____

Witness's Status: Student Faculty ACHS Staff Other: _____

What specific information can this witness provide?

WITNESS 2 – Name _____

Address (Work) _____ Work phone _____

Address (Home) _____ Home phone _____

_____ Mobile phone _____

Witness’s Status: Student Faculty ACHS Staff Other: _____

What specific information can this witness provide?

6. SUPPORTING MATERIALS/DOCUMENTS List any written materials or other documents you believe may help in investigating your complaint. Provide the name, date, and explanation of the contents of the material/document listed. Add additional pages if necessary.

Name of Item 1 _____ Date of Item 1 _____

Explanation of Contents _____

A copy of this material is attached: Yes No

Name of Item 2 _____ Date of Item 2 _____

Explanation of Contents _____

A copy of this material is attached: Yes No

Name of Item 3 _____ Date of Item 3 _____

Explanation of Contents _____

A copy of this material is attached: Yes No

7. COMPLAINT RESOLUTION

What would resolve your complaint?

8. COMPLAINANT SIGNATURE

I attest to the completeness and accuracy of this complaint and any attached documents.

Signature of Complainant

Date