

**THE UNIVERSITY OF IOWA**  
Office of Equal Opportunity and Diversity  
**CONFIDENTIAL REPORT OF INFORMAL\***  
**SEXUAL HARASSMENT COMPLAINT RESOLUTION**

PLEASE COMPLETE THIS FORM AND SUBMIT IT TO THE OFFICE OF EQUAL OPPORTUNITY AND DIVERSITY, 202 JESSUP HALL,  
AS SOON AS REASONABLY POSSIBLE AFTER RESOLUTION OF THE COMPLAINT.

<b>Date of incident</b>	<b>Date complaint received</b>
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<b>College/Organizational Unit</b>	<b>Department</b>	<b>Today's Date</b>
<b>Name of Individual Completing Report</b>	<b>Title</b>	<b>Campus Telephone #</b>

Consistent with the UI Policy on Sexual Harassment, if the person charged in the complaint has been informed of the existence of the complaint, all parties' names shall be disclosed; if the person charged has not been informed of the existence of the complaint, the parties' names shall not be disclosed.

<b>Name of Complainant(s)</b>	
<b>Department</b>	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown
<b>Status of Complainant(s)</b> <input type="checkbox"/> Academic or Administrative Officer <input type="checkbox"/> Faculty <input type="checkbox"/> Professional & Scientific <input type="checkbox"/> Merit <input type="checkbox"/> Student Employee <input type="checkbox"/> Undergraduate Student <input type="checkbox"/> Graduate Student <input type="checkbox"/> Job applicant <input type="checkbox"/> Former employee <input type="checkbox"/> No current University affiliation <input type="checkbox"/> Graduate Assistant <input type="checkbox"/> Other _____	
<b>Ethnicity of Complainant(s)</b> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> White, not of Hispanic Origin <input type="checkbox"/> African-American and Black, not of Hispanic Origin <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Latino or Hispanic	

<b>Name of Victim(s) (if other than Complainant)</b>	
<b>Department</b>	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown
<b>Status of Victim(s)</b> <input type="checkbox"/> Academic or Administrative Officer <input type="checkbox"/> Faculty <input type="checkbox"/> Professional & Scientific <input type="checkbox"/> Merit <input type="checkbox"/> Student Employee <input type="checkbox"/> Undergraduate Student <input type="checkbox"/> Graduate Student <input type="checkbox"/> Job applicant <input type="checkbox"/> Former employee <input type="checkbox"/> No current University affiliation <input type="checkbox"/> Graduate Assistant <input type="checkbox"/> Other _____	
<b>Ethnicity of Victim(s)</b> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> White, not of Hispanic Origin <input type="checkbox"/> African-American and Black, not of Hispanic Origin <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Latino or Hispanic	

<b>Name of Respondent(s)</b>	
<b>Department</b>	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown
<b>Status of Respondent(s)</b> <input type="checkbox"/> Academic or Administrative Officer <input type="checkbox"/> Faculty <input type="checkbox"/> Professional & Scientific <input type="checkbox"/> Merit <input type="checkbox"/> Student Employee <input type="checkbox"/> Undergraduate Student <input type="checkbox"/> Graduate Student <input type="checkbox"/> Job applicant <input type="checkbox"/> Former employee <input type="checkbox"/> No current University affiliation <input type="checkbox"/> Graduate Assistant <input type="checkbox"/> Other _____	
<b>Ethnicity of Respondent(s)</b> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> White, not of Hispanic Origin <input type="checkbox"/> African-American and Black, not of Hispanic Origin <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Latino or Hispanic	

**DEFINITION:** The University's Policy on Sexual Harassment defines sexual harassment as persistent, repetitive or egregious conduct directed at a specific individual or group of individuals that a reasonable person would interpret, in the full context in which the conduct occurs, as harassment of a sexual nature, when:

1. submission to such conduct is made or threatened to be made explicitly or implicitly a term or condition of an individual's employment, education, on-campus living environment, or participation in a University activity;
2. submission to or rejection of such conduct is used or threatened to be used as a basis for a decision affecting an individual employment, education, on-campus living environment, or participation in a University activity; or
3. such conduct has the purpose or effect of unreasonably interfering with work or educational performance, or of creating an intimidating or offensive environment for employment, education, on-campus living, or participation in a University activity.

\* For the purposes of this form, "informal complaints" are those complaints handled by departments or units outside the Office of Equal Opportunity and Diversity. Pursuant to the UI Policy on Sexual Harassment, any academic or administrative officer who becomes aware of allegations of sexual harassment by any means **must** consult with the Office of Equal Opportunity and Diversity regarding appropriate steps.

**Forms of Sexual Harassment:** (check all forms of unwelcome behavior of a sexual nature that apply)

<input type="checkbox"/> <b>Verbal Harassment</b> <input type="checkbox"/> comments of a sexual nature <input type="checkbox"/> unwelcome advances <input type="checkbox"/> derogatory sex-based comments <input type="checkbox"/> verbal threats <input type="checkbox"/> other (explain) _____	<input type="checkbox"/> <b>Physical Harassment</b> <input type="checkbox"/> unwelcome contact <input type="checkbox"/> physical gestures <input type="checkbox"/> exhibitionism <input type="checkbox"/> stalking <input type="checkbox"/> assault <input type="checkbox"/> other (explain) _____	<input type="checkbox"/> <b>Visual Harassment</b> <input type="checkbox"/> written <input type="checkbox"/> pictures/photos <input type="checkbox"/> posters <input type="checkbox"/> electronic/computer <input type="checkbox"/> other (explain) _____
<input type="checkbox"/> <b>Conditioning employment or educational benefits on submitting to sexual advances</b>	<input type="checkbox"/> <b>Retaliation for complaining about sexual harassment</b>	<input type="checkbox"/> <b>Other (explain)</b> _____

Please provide summary of the nature of the allegations below (attach additional pages if necessary):

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**Outcome (check only one):**

<input type="checkbox"/> founded	<input type="checkbox"/> unfounded	<input type="checkbox"/> resolved/negotiated settlement
<input type="checkbox"/> complaint pending	<input type="checkbox"/> complaint withdrawn	<input type="checkbox"/> referred to another office *
<input type="checkbox"/> other (explain)		

**Discipline (check all that apply):**

<input type="checkbox"/> apology	<input type="checkbox"/> educational program	<input type="checkbox"/> counseling
<input type="checkbox"/> verbal reprimand	<input type="checkbox"/> written reprimand	<input type="checkbox"/> reassignment
<input type="checkbox"/> suspension	<input type="checkbox"/> no contact order	<input type="checkbox"/> termination
<input type="checkbox"/> other (explain)		
<input type="checkbox"/> Sanctions applied under the Code of Student Life ** (explain)		

\*To your knowledge, has this complaint been referred to another office?  Yes  No

If yes, please indicate where:

Office of Equal Opportunity and Diversity  Office of Student Services  other (specify) \_\_\_\_\_

\*\* For Office of Student Services use only

Date Report Completed: \_\_\_\_\_

**Please return this form to the Office of Equal Opportunity and Diversity, 202 Jessup Hall.  
Thank you for your assistance in resolving the complaint.**