Salisbury University

Fair Practices Complaint Form – Appendix A

Confidential

TO: Fair Practices Officer/Title IX Coordinator
CC: Salisbury University General Counsel

Notice of Receipt of Fair Practices Complaint

On __________________, I received a complaint from ________________________ (Complainant). Upon receipt of the complaint, I took the following actions (initial each space):

__________ I advised Complainant of:

1. The meaning and importance of the applicable University Policy.
2. The penalties for making improper charges.
3. The University’s commitment to prevent retaliation.
4. The University’s commitment to confidentiality.
5. The University’s right to investigate the complaint, even if the Complainant does not choose to pursue it, if such an investigation is deemed necessary to protect the University or the community.

__________ I made written notes of the allegations (see attached copy).

__________ I explained the options for handling the complaint as described in the applicable University Policy and that the Complainant may request a formal investigation at any time.

The Complainant:

__________ agreed to fill out the “Complainant’s Acknowledgment of Advice and Choice of Resolution Option” and it is attached.

__________ declined to fill out the “Complainant’s Acknowledgment of Advice and Choice of Resolution Option”

___________________________________  ________________________
Print Name of Person Receiving Complaint  Date Complaint Received
Complainant’s Acknowledgment of Advice and Choice of Resolution Option
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After being given the information above described, I chose to initially pursue resolution of my complaint through (initial the applicable choice):

________ Formally administrative (FPO) investigation and resolution

________ Informal individual resolution

________ I do not wish for my complaint to be pursued; however, I have been advised that, because the University is legally required to investigate all egregious acts of sexual harassment, the University reserves the right to investigate my complaint if it is deemed necessary to protect the interests of the University or the community. I will be advised if the University elects to conduct an investigation.

I understand that my complaint must be shared with the accused so that the accused may respond, and that I will be notified in advance when the accused is to be informed of my complaint.

___________________________________  __________________________________
Signature of Complainant                  Date

___________________________________  __________________________________
Print Name of Complainant                 Primary Role on Campus (faculty/staff/student)