



**Sexual Harassment
INFORMATION REPORT**

Instructions to resource persons: Please complete when you receive a sexual harassment complaint or concern and return to the Affirmative Action Office, 328 Boucke Building, University Park, PA 16802 or to aao@psu.edu.

1. Date: _____

Title IX _____
(student complaints)

2. Who is bringing the complaint?

Name _____

Gender _____

University Role:

_____ Faculty

_____ Staff

_____ Student

_____ Tech. service employee

_____ Graduate assistant

_____ Other (please specify)

3. Who is the complaint about?

Name _____

Gender _____

University Role:

_____ Faculty

_____ Staff

_____ Student

_____ Tech. service employee

_____ Graduate assistant

_____ Other (please specify)

4. What is the relationship between the alleged harasser and the alleged victim?

_____ Supervisor (academic or employment)

_____ Peer (co-worker or fellow student)

_____ Other (explain)

5. Date(s), time(s) and location(s) when the action complained about took place.

6. Please include a brief description of events. (Attach additional sheet, if necessary.)

7. The complainant wishes to:
- Proceed immediately with informal resolution
 - Refer to Affirmative Action Office for formal investigation
 - Refer to Student Conduct for formal investigation
 - Think further about processing complaint;
will contact again by _____

Comments:

8. Is the complainant willing to have her/his name used in discussion of the matter at this stage with the alleged harasser or that person's supervisor, if applicable?

- Yes
- No
- Undecided (Will be treated as "No")

9. What action/remedy does the complainant want as a result of the informal complaint?

Action to be taken by:

Complainant Sexual Harassment Resource Person

- | | |
|--|---|
| <input type="checkbox"/> Talk to alleged harasser | <input type="checkbox"/> Talk to alleged harasser |
| <input type="checkbox"/> Talk to Supervisor/
Department Head | <input type="checkbox"/> Talk to Supervisor/
Department Head |
| <input type="checkbox"/> Write letter to alleged
harasser (SHRP may assist) | <input type="checkbox"/> Refer to AAO |
| | <input type="checkbox"/> Refer to Student Conduct |
| | <input type="checkbox"/> Refer to CAPS |
| | <input type="checkbox"/> Refer to Police Services |
| | <input type="checkbox"/> Other Action |

10. How will the complainant be informed of the resolution or outcome?

- Telephone call
- Written response (includes email)
- Follow-up meeting
- Other (please specify)

11. Name and position of resource person completing report:

12. College, Department or Campus: