

THE UNIVERSITY OF IOWA
OFFICE OF EQUAL OPPORTUNITY AND DIVERSITY
CONFIDENTIAL REPORT OF INFORMAL VIOLENCE COMPLAINTS*

College/Organizational Unit:	Department:	Today's Date:
Name of Individual Completing Report:	Title:	Campus Telephone #:

Date of Incident:	Date Complaint Received:
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Note: Consistent with the UI Policy on Violence, 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.

Name of Complainant/s:	
Department:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown
Status of Complainant/s: <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"/> Graduate Assistant <input type="checkbox"/> No current University affiliation <input type="checkbox"/> Other	
Ethnicity of Complainant: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	
Race of Complainant/s: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unknown	

Name of Victim/s if other than Complainant:	
Department:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown
Status of Victim/s: <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"/> Graduate Assistant <input type="checkbox"/> No current University affiliation <input type="checkbox"/> Other	
Ethnicity of Victim/s: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	
Race of Victim/s: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unknown	

Name of Respondent/s (Accused person/s):	
Department:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown
Status of Respondent/s: <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"/> Graduate Assistant <input type="checkbox"/> No current University affiliation <input type="checkbox"/> Other	
Ethnicity of Respondent/s: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	
Race of Respondent/s: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unknown	

Form of Violence (check all that applies):

<input type="checkbox"/> Physical Assault or Abuse	<input type="checkbox"/> Sexual Assault or Abuse	<input type="checkbox"/> Threats with a weapon
<input type="checkbox"/> Verbal or other threats of Physical or Sexual Assault	<input type="checkbox"/> Intentional Damage or Destruction of Public or Private Property	<input type="checkbox"/> Other act of violence (please explain)

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

Outcome (check only one):

<input type="checkbox"/> resolved/negotiated settlement	<input type="checkbox"/> probable cause (founded)	<input type="checkbox"/> unsubstantiated (unfounded)
<input type="checkbox"/> complaint pending	<input type="checkbox"/> complaint withdrawn	<input type="checkbox"/> referred to another office *
<input type="checkbox"/> complainant elected not to pursue the complaint	<input type="checkbox"/> other (explain)	

Discipline (check all that applies):

<input type="checkbox"/> policy review	<input type="checkbox"/> educational programs	<input type="checkbox"/> apology
<input type="checkbox"/> verbal reprimand	<input type="checkbox"/> written reprimand	<input type="checkbox"/> reassignment
<input type="checkbox"/> suspension	<input type="checkbox"/> termination	<input type="checkbox"/> no contact directive
<input type="checkbox"/> other (explain)		
<input type="checkbox"/> Sanctions applied under the Code of Student Life ** (Explain- for Office of the Dean of Students use only).		

* 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 the Dean of Students
 Other (specify)

Contact the Office of Equal Opportunity and Diversity at 5-0705 if you need assistance in resolving the complaint.