



Complaint Form (Non-Student)

Background Information

If you have an issue or concern that you are unable to resolve, please complete this form with as much detail as possible. We believe providing a mechanism for complaints to be heard gives us the opportunity to improve services for Shawnee State University students, staff, faculty and stakeholders.

Your full name:

Your position/title:

Your phone number:

Your email address:

Department:

Nature of the issue (Required):

Date of incident (Required):

Time of incident:

Involved Parties

Please list the individuals involved (excluding yourself) and the corresponding student/employee ID number(s).

Name, Organization and/or Department

Select Sex

Select Role

Employee ID Number

Phone number

Name, Organization and/or Department

Select Sex

Select Role

Employee ID Number

Phone number

Name, Organization and/or Department

Select Sex

Select Role

Employee ID Number

Phone number

If you selected Discrimination or Sexual Harassment as the nature of the issue, please select type below:

- ☐ Race
- ☐ National Origin
- ☐ Color
- ☐ Religion
- ☐ Sex
- ☐ Gender
- ☐ Gender Identity/Expression
- ☐ Sexual Orientation
- ☐ Age
- ☐ Disability
- ☐ Veteran Status
- ☐ Military Status
- ☐ Status as a foster parent
- ☐ Status as a parent during pregnancy or of a young child
- ☐ Genetic Information
- ☐ Relationship Violence
- ☐ Hostile Environment
- ☐ Sexual Assault
- ☐ Stalking

☐ Person of authority offers you something in return for their sexual fulfillment

CONCERN/COMPLAINT - Please provide a detailed description of the concern/complaint using specific, concise, & objective language.

(Required)

RESOLUTION-What is the outcome you are requesting? (Required)

What is the best way to contact you regarding your concern/complaint? (Required)

- ☐ Phone
- ☐ Email

Disclaimer: Please download and save the completed form and email to: mharmon@shawnee.edu along with any attachments.