



AJR Complain Form for Reporting Potential Violations of the Sexual Harassment Policy

If you believe that you have been subjected to sexual harassment, another form of harassment, discrimination, retaliation or other potential violations of AJR's policies or have observed or been informed about harassment, discrimination, retaliation or other potential violations of AJR's policies, you are encouraged to complete this form and submit it to the Academic Dean, the Rabbi-in-Residence, or the Director of Student Life.

Name of Person Reporting the Potential Violation: _____

Phone Number of Person Reporting: _____

Email of Person Reporting: _____

Name of the Person you Believe was Wronged (If Different): _____

Name of the Person you Believe Committed the Offense: _____

Date of the Alleged Violation: _____ Date of Completing this Form: _____

Time(s) of Alleged Violation(s): _____

What is the relationship between the potential offender and the person you believe to have been wronged?

Please describe the behavior/incident that you are reporting (including date, location, and the names of any other parties that may have been present):

Was the potential offender confronted with the accusation? If so, please provide as much detail as possible regarding when and how the potential offender was confronted, and if there were other parties present.

Have you consulted with or hired an attorney to address this complaint? YES NO

Signature _____ Date: _____