

Lenoir-Rhyne University Sexual Misconduct Grievance Form

Reporter Name: _____ Phone & Email: _____

Circle the category that describes Reporter: Staff Faculty Student Other Date of Report: _____

Alleged complaining individual/victim ("complainant"):

Name: _____ Gender: _____

Phone Number: _____ Email Address: _____

Does complainant live on-campus or off-campus? _____

Circle the appropriate category for the complainant: Student Staff Faculty Other

Does the complainant wish to remain confidential at this time (i.e., the complainant only wants their name and information about the incident to be shared with the Title IX Coordinator)? Date & Time of Incident: _____ Location of Incident (circle one): on-Campus off-campus

Please provide as much information about the alleged incident as possible:

Alleged

individual against whom the grievance is asserted ("respondent"):

Name: _____ Gender: _____

Phone Number: _____ E m a i l _____ A d d r e s s : _____

Does respondent live on-campus or off-campus? _____

Circle the appropriate category for the respondent: Student Staff Faculty Other

Was the respondent known to the complainant prior to the incident (circle one if known)? Yes _____ No _____

Potential witnesses to the incident:

Name & Contact Information (Phone & Email): _____

Name & Contact Information (Phone & Email): _____

Name & Contact Information (Phone & Email): _____ Does complainant wish to notify law enforcement at this time (circle one)? Yes No

If law enforcement has already been notified, which agency was notified (circle all applicable)? LRU Security HPD

Please submit completed grievance form to:
Office of Compliance/Title IX - Dawn Floyd, Director/Title IX Coordinator
LRU Box #7137; Cromer 206(A)
TitleIXCoordinator@lr.edu; Dawn.Floyd@lr.edu; (828) 328-7040

