



Who Can File A Prohibited Conduct Grievance

Any member of the UC Hastings College of the Law community who believes he or she has been subjected to Prohibited Conduct in violation of the Sexual Violence and Sexual Harassment Policy (“Policy”) is encouraged to report such a concern to Interim Title IX Coordinator Elise Traynum, traynume@uchastings.edu. Additionally, any person with knowledge of Prohibited Conduct is encouraged to report the concern to the Interim Title IX Coordinator.

Except for UC Hastings-recognized confidential resources, the following UC Hastings members with knowledge of unreported Prohibited Conduct (or potentially Prohibited Conduct) must report such allegations to the Interim Title IX Coordinator: (a) faculty and teaching staff, including adjunct faculty, lecturers in law, and visiting faculty, and (b) administrative staff.

Individuals may also file complaints with administrative agencies such as the U.S. Department of Education, Office for Civil Rights. The contact information for the local office of OCR is: (415) 486-5555 and is located at Office for Civil Rights, U.S. Department of Education, 50 Beale Street, Suite 7200, San Francisco, CA 94105. The email address is OCR.SanFrancisco@ed.gov.

What Is Required In A Complaint

Formal complaints must be signed by the party filing it and must contain a statement of the facts and circumstances involved in the alleged violation.

Period Of Limitations

Complainants are encouraged to file a Prohibited Conduct Grievance within a reasonable time of the alleged action. Hastings recognizes that in certain situations, such as a subordinate-student relationship between a faculty member and student (*e.g.*, in relation to teaching, advising, research), grievances may not be initiated until the relationship has been terminated. However, Hastings strongly encourages individuals to file a grievance promptly in order to preserve evidence for a potential legal or disciplinary proceeding. A delay in filing a grievance, especially a significant delay, may irremediably compromise the subsequent investigation, including access to information and/or witnesses, particularly if neither the complainant nor the respondent is employed by Hastings or enrolled as a student at the time the grievance is filed.

TITLE IX CONTACT INFORMATION

Ms. Elise Traynum, General Counsel and Interim Title IX Coordinator

Phone: (415) 565-4787

Email: traynume@uchastings.edu

Address: Office of the General Counsel
198 McAllister Street
1-Mezzanine
San Francisco, CA 94102



Prohibited Conduct Grievance Form

Report filed by: Complainant/Victim Third Party Anonymous

Check one: Student Faculty Staff Applicant (Student/Employee) Other

Name: _____

Local Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Preferred Email: _____

Type of Prohibited Conduct (Check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Age | <input type="checkbox"/> National Origin | <input type="checkbox"/> Sexual Misconduct |
| <input type="checkbox"/> Bullying (Cyber Bullying) | <input type="checkbox"/> Race | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Retaliation | <input type="checkbox"/> Sexual Violence |
| <input type="checkbox"/> Gender | <input type="checkbox"/> Religion | <input type="checkbox"/> Stalking |
| <input type="checkbox"/> Marital Status | <input type="checkbox"/> Sexual Assault | <input type="checkbox"/> Veteran Status |
| <input type="checkbox"/> Medical Condition | <input type="checkbox"/> Sexual Harassment | <input type="checkbox"/> Other: _____ |



Respondent Information (Person you believe to be responsible for the alleged act)

Name: _____

The Respondent is: Student Faculty Staff Other: _____

(If an employee) Position/Title: _____ Department: _____

Your relationship to the Respondent (if any): _____

Date/time of the alleged incident: _____

Location of alleged incident: _____

Witnesses (Relationship information requested means co-worker, supervisor, faculty, etc.)

_____	_____	_____
Witness 1	Relationship	Phone
_____	_____	_____
Witness 2	Relationship	Phone
_____	_____	_____
Witness 3	Relationship	Phone

Has this incident been reported to any other department(s) at the College?

Yes No If yes, provide the following:

Department: _____ Contact Person: _____

Was the incident reported to law enforcement? Yes No

If yes, what agency? _____



Describe in detail the Prohibited Conduct you experienced/witnessed. Be as specific as possible and avoid vague adjectives. Use names, dates, times, and locations whenever possible. When names are not known, be as descriptive as possible about the individual(s) involved. For retaliation complaints, please explain why you believe someone retaliated against you. (Attach additional sheets if necessary)

Describe the corrective action you are seeking (Attach additional sheets if necessary).

Complaint Certification

I certify that the information presented in this complaint is true and correct.

Signature of Complainant

Date

For UC Hastings Use Only

Complaint taken/received by:

Signature of Representative

Date