

## Magdalen College of the Liberal Arts Grievance Report Form

To report an incident of conduct grievance, please provide all the information requested. Be as specific as possible when describing incidents. Include the date(s) the incident(s) occurred, the name(s) of the person(s) involved and the name(s) of those who may have witnessed the incident. You are encouraged to attach additional materials, which may assist in the investigation process. Please be aware that the information you provide is considered sensitive and will be shared only with those persons who are considered essential to the investigation and disposition of this complaint. It is the expectation of the College that those who file a complaint will remain active and cooperative in the investigation process. Please note that incidents may be time sensitive, and complainants should report their grievances as soon as possible after the event occurs.

### BACKGROUND INFORMATION

Name of Complaining Party:

(First) \_\_\_\_\_ (Last) \_\_\_\_\_ (MI) \_\_\_\_\_

Email Address: \_\_\_\_\_

Campus Resident: Yes/No      Residence Hall: \_\_\_\_\_      Room #: \_\_\_\_\_

Permanent Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Home: \_\_\_\_\_

Affiliation with Magdalen Catholic College: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### SPECIFIC INFORMATION

A. Type of complaint (please check all that apply):

\_\_\_\_ Sexual harassment

\_\_\_\_ Disability harassment

\_\_\_\_ Other harassment (specify): \_\_\_\_\_

Discrimination based on:

\_\_\_\_ Age

\_\_\_\_ National Origin

\_\_\_\_ Color

\_\_\_\_ Disability

\_\_\_\_ Religion

\_\_\_\_ Marital Status

\_\_\_\_ Sex

\_\_\_\_ Public Assistance

\_\_\_\_ Other (specify): \_\_\_\_\_

Other Misconduct:

Sexual Misconduct

Hazing

Retaliation

B. Most recent date of attendance or employment at Magdalen College of the Liberal Arts:

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C. Most recent date of incident: \_\_\_\_\_

D. Person(s) who allegedly violated your rights:

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E. First/Last Name(s) of Witness(es):

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F. Summary of complaint. (Please be as detailed as possible when giving names, dates and places; include phone numbers and addresses, if possible. Use additional paper, if needed.)

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G. Please attach copies of any documents that you consider relevant

NOTE: The formal investigation of your complaint cannot begin until this form has been received, dated, and signed by one of the following:

**Title IX Coordinator**

Ms. Mazel Belt

Dean of Students

(603) 456-2656 x114

Magdalen College of the Liberal Arts

511 Kearsarge Mtn Rd.

Warner, NH 03278

[mbelt@magdalen.edu](mailto:mbelt@magdalen.edu)

**The Office of Student Life**

Mr. Samuel Fusini

Dean of Men

(603) 456-2656 x122

Magdalen College of the Liberal Arts

511 Kearsarge Mtn Rd.

Warner, NH 03278

[Sfusini@magdalen.edu](mailto:Sfusini@magdalen.edu)

**Human Resources**

Mr. Dan Peterson

Chief Operating Officer

(603) 456-2656 x117

Magdalen College of the Liberal Arts

511 Kearsarge Mtn Rd.

Warner, NH 03278

[Dpeterson@magdalen.edu](mailto:Dpeterson@magdalen.edu)

**RECEIPT INFORMATION**

Received by (Name and Office): \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_