



UNIVERSITY OF PUERTO RICO
MEDICAL SCIENCES CAMPUS

TITLE IX COMPLAINT FORM

The Medical Sciences Campus of the University of Puerto Rico does not discriminate in its academic offerings or employment opportunities because of sex, race, color, age, national origin, political or religious ideas, gender, sexual orientation, ethnic origin or for being a victim or being perceived as a victim of domestic violence, sexual aggression or stalking or for being a military, ex-military, serving or having served in the Armed Forces of the United States or for holding the condition of veteran, disability or any other category protected by the Law. This policy complies with the laws and government statutes, which include the Federal Rehabilitation Act of 1973, Title IX, as amended, and the ADA (Americans with Disabilities Act) Act of 1992. The Medical Sciences Campus of the University of Puerto Rico is an employer with equal opportunities in employment M / M / V / I.

IMPORTANT: The intentional submission of a false report in an attempt to harm or defame another person demonstrates dishonest behavior and violates the policies of the University. A member of the academic community that submits a false report can be subject to disciplinary action and sanctions that can result in the termination of the employee or, in the case of a student the expulsion from the Medical Sciences Campus (*“Reglamento General de la Universidad de Puerto Rico, Artículo 35, Sección 35.2.16, 16 de febrero de 2002, según enmendado hasta el 10 de diciembre del 2006; Reglamento General de Estudiantes de la Universidad de Puerto Rico.*

Initials of complainant: _____

An online version of this form can be presented electronically at tituloix_confidencial.rcm@upr.edu, which can be found on: <http://www.rcm.upr.edu/en/start/>

Instructions:

This document should be filled in completely as part of the reporting process of complaints of sexual discrimination overseen by the Coordinator of Title IX of the Medical Sciences Campus. The retained information will be considered **CONFIDENTIAL** by every involved party during the reporting process. The Coordinator of Title IX is responsible for ensuring the privacy of each report as protected by the law. If necessary, additional pages can be utilized in the completion of the report.



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I. Information of the person filing the complaint:

___ Student ___ Employee ___ Visitor

1. Full name: _____
2. Address:

3. Phone number: _____ Mobile number: _____
Other: _____
4. Email address: _____
5. Name of the person you are filing a complaint against:

6. Title IX prohibits any type of sex-based discrimination. Please indicate below the reason(s) for your complaint:
 - Sex-based discrimination
 - Gender-based discrimination
 - Discrimination for not conforming to gender stereotypes
 - Sexual harassment
 - Domestic violence
 - Intimate partner violence
 - Sexual assault
 - Stalking
 - Retaliation for filing a complaint or defending your rights (specify)

 - Follow-up investigation



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7. Describe each alleged discriminatory act. For each event, please include the date(s) the discriminatory act occurred, the name(s) of the individuals involved in such act, and the basis of the discrimination: sex, gender, sexual orientation, gender identity, not conforming to gender stereotypes, etc. Please list the name(s) of any witnesses or individuals that may have information related to your complaint.

8. Date(s) that the most recent act(s) of discrimination took place:

9. Have you tried to resolve these complaints against the institutions through any internal remedy procedure, complaint or appeal?

YES

NO

10. If yes, please describe the allegations of your complaint, identify the date the complaint was submitted, and the current status of that filed complaint (if known). Provide a copy of the documentation.

11. What remedies are you seeking?

Date: _____

Signature: _____



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EXCLUSIVELY FOR OFFICIAL USE

- Visit Phone call Email Other

Reason for complaint:

- | | |
|--|--|
| <input type="checkbox"/> Sex-based discrimination | <input type="checkbox"/> Sexual harassment |
| <input type="checkbox"/> Sexual orientation | <input type="checkbox"/> Domestic violence |
| <input type="checkbox"/> Discrimination for not conforming to gender stereotypes | <input type="checkbox"/> Intimate partner violence |
| | <input type="checkbox"/> Sexual assault |
| | <input type="checkbox"/> Stalking |

Action taken:

- Orientation Investigation Referred Gain awareness

Status of complaint:

- Filed Active investigation

Recommendations:



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**CONSENT FORM/AUTHORIZATION TO RELEASE CONFIDENTIAL
INFORMATION**

Under the authority of the Coordinator of Title IX, the University of Puerto Rico: Medical Sciences Campus guarantees the authorization of necessary actions that ensure the privacy and protection of my personal information. I hereby acknowledge that the information that I provide is a necessary component, which allows for the provision of support, safety/security, accommodations and other applicable services. I hereby FREELY AND WILLFULLY GIVE MY CONSENT to the release of pertinent confidential information that will allow for the authorization of required services. Additionally, the release of this confidential information will allow for the completion of a required investigation.

Authorize

Not Authorize

I hereby agree that my decision is informed and voluntary. In signing this document, I agree with the option that has been selected.

Date: _____

Name: _____

Signature: _____