## BROOKLYN LAW SCHOOL COMPLAINT FORM FOR SEXUAL MISCONDUCT AND DISCRIMINATION

If you believe that you have been subjected to sexual misconduct (which includes sexual harassment) or any form of discrimination, you are encouraged to complete this form and submit it to Louise Cohen, Director of Equal Opportunity and Title IX Coordinator, 250 Joralemon Street, Room 930, Brooklyn, New York, 11201, (718) 780-0377, <a href="mailto:louise.cohen@brooklaw.edu">louise.cohen@brooklaw.edu</a>. You will be protected from retaliation connected with filing a complaint.

If you are more comfortable reporting verbally or in another manner, please contact Ms. Cohen, who can complete this form and provide you with a copy. She will follow the Law School's sexual misconduct and anti-discrimination policies by investigating the claims as outlined in the Brooklyn Law School Sexual Misconduct Policy and the Brooklyn Law School Policy on Non-Discrimination and Harassment. Both policies can be found on BLS Connect at <a href="https://blsconnect.brooklaw.edu/administrative/policies/Pages">https://blsconnect.brooklaw.edu/administrative/policies/Pages</a> and the BLS website at <a href="https://blsconnect.brooklaw.edu/policies">https://blsconnect.brooklaw.edu/administrative/policies/Pages</a> and the BLS website at <a href="https://blsconnect.brooklaw.edu/policies">https://blsconnect.brooklaw.edu/policies</a>.

## **COMPLAINANT INFORMATION**

name:						
Address:			Phone:			
Email:						
Select Preferred Communication Method:						
STATUS (Please Select One)						
Student	J.D. Prog	gram: Three-Ye	ear Two-Year	Four-Year		
1 <sup>st</sup> year	2 <sup>nd</sup> Year	3 <sup>rd</sup> Year	4 <sup>th</sup> Year			
Employee	Title: _					
Department:			Work Phone:			
Immediate Supervisor's Name:				Ext		
Faculty						

## **COMPLAINT INFORMATION**

Your complaint of Sexual Misconduct and/or Discrimination pertains to:						
	Name:Title:					
	Address (if known):					
	Work Phone (if known):					
	Email:					
	Relationship to you: Supervisor Subordinate Co-Worker Faculty Vendor Other	Student				
2.	<ol> <li>Please describe what happened and how it is affecting you and your studies, or participation in a Law School program. Please use additional paper if necessary and attach any relevant documents or evidence.</li> </ol>					
3.	Date(s) alleged sexual misconduct or discrimination occurred:					
	Is the conduct continuing? ☐Yes ☐No					
4.	4. Please list the name and contact information of any witnesses or ind may have information related to your complaint:	ividuals who				
	The last question is optional, but may help the investigation.					
5.	5. Have you previously complained or provided information (verbal or w related incidents? If yes, when and to whom did you complain or proinformation?					
Się	Signature: Date:					