

Equity, Compliance, and Title IX Reporting Form

This form may be used to report potential violations of American Jewish University's [Policy on Prohibition of Sex Discrimination and/or Policy on Prohibition of Unlawful Discrimination, Harassment, and Retaliation](#) ("Policy" or "Policies"). You may use this form even if you are unsure if the behavior falls under these Policies. You may use this form for yourself, or on behalf of another AJU Student or Employee.

NOTE: All AJU Employees, including all faculty, staff, and student staff (except those designated in the Policies as Confidential Employees), are required to report to the Director of Equity, Compliance, and Title IX (Director/Title IX Coordinator) if they receive notice of an incident of sex discrimination or unlawful discrimination, harassment, or retaliation. Employees may choose to use this Reporting Form or other contact methods identified in the above cited Policies.

This form should be emailed to the Director/Title IX Coordinator at titleix@aju.edu. The Director/Title IX Coordinator or designee will respond to the report by making outreach to the reporting party or the impacted party to invite them to meet to discuss reasonably available supportive measures and their rights and procedural options under the Policies. The Director/Title IX Coordinator may also ask to gather additional information for the initial assessment of the reported matter. Although the form may be used to request an investigation, whether or not an investigation occurs will be determined after meeting with the Director/Title IX Coordinator. This form does not automatically initiate an investigation.

Please note that submissions using this form may not be reviewed outside of normal business hours: 8:30 am to 5:00 pm PST. If there is an immediate risk to health or safety, please call 911 for local law enforcement immediately.

- West LA Community Police Station, Phone: 310-444-0701
- Beverly Hills Police Department, Phone: 310-550-4951
- Simi Valley Police Department, Phone: 805-583-6950
- Ventura County Sheriff's Office, Phone: 805-654-2380

You may also contact the above-listed agencies to file an official police report. Reporting to the police does not require you to take part in a police investigation.

Although you are invited to complete all of the information requested below as thoroughly as possible, you may also choose to share that information with the Director/Title IX Coordinator during an initial meeting. **Sections of this form denoted with an asterisk (*) are required to be completed.**

A. Type of Conduct Reported: Please check all that potentially apply*

- | | |
|---|--|
| <input type="checkbox"/> Discrimination (based on Protected Status) | <input type="checkbox"/> Sex or Gender-Based Hazing |
| <input type="checkbox"/> Harassment (based on Protected Status) | <input type="checkbox"/> Sex or Gender-Based Bullying |
| <input type="checkbox"/> Sexual Harassment | <input type="checkbox"/> Harm/Endangerment |
| <input type="checkbox"/> Sexual Assault | <input type="checkbox"/> Violation of No-Contact Directive
or Supportive Measures |
| <input type="checkbox"/> Dating Violence | |
| <input type="checkbox"/> Domestic Violence | |
| <input type="checkbox"/> Stalking | |
| <input type="checkbox"/> Sexual Violence | |
| <input type="checkbox"/> Sexual Battery | |
| <input type="checkbox"/> Sexual Exploitation | |
| <input type="checkbox"/> Prohibited Consensual Relationships Where There is a Power Imbalance | |
| <input type="checkbox"/> Retaliation | |

If you are reporting Retaliation, please indicate the activity you participated in that forms the basis of the alleged conduct. (please check all that potentially apply)*

Exercised rights under the relevant Policy or Policies

Reported or opposed conduct which was reasonably and in good faith believed to be in violation of the relevant Policy or Policies

Helped or participated in a Policy-related investigation or proceeding regardless of whether the Complaint was substantiated

Helped someone in reporting or opposing a violation of the relevant Policy or Policies, including Retaliation

If you are reporting Discrimination or Harassment, please indicate the Protected Status(es) that forms the basis of the report. (Please check all that potentially apply)*

Age

Familial Status

Gender

Gender Identity

Gender Expression

Marital Status

Medical Information (Cancer-related/Genetic Characteristics)

National Origin (Citizenship/Country of Origin/Nationality/Language Use)

Parental Status

Physical/Mental Disability

Pregnancy or Related Conditions

____ Race (Ancestry/Color/Caste/Ethnicity/Citizenship or Residency)

____ Religion

____ Sex

____ Status as a Victim of Sexual Assault, Domestic Violence, or Stalking

____ Sex Stereotype

____ Sexual Orientation

____ Veteran Status (Service in the US Armed Forces)

B. Background Information

While you may make an anonymous report, our ability to respond may be limited without the opportunity to more directly communicate and gather information. We strongly encourage you to provide your name and contact information in order for us to most effectively provide appropriate support measures and remedies, address the reported behavior, and maintain safety on our campuses.

Your First Name _____

Your Middle Name (optional) _____

Your Last Name _____

Your position/title _____

Your phone number _____

Your email address _____

Your Address

Address Line 1 _____

Address Line 2 _____

City _____

State _____

ZIP Code _____

Date and Time of Incident* _____

Location of Incident* (If known)

___ Familian Campus

___ Ziegler School of Rabbinic Studies

___ Brandeis-Bardin Campus

___ Other

(Please specify where)

___ Unknown

C. Involved Parties

Please provide as much information as you are able to. You do not need to investigate or ask questions of other individuals to obtain information that you do not have. For the purpose of this report, the following terminology is used. (NOTE: this terminology does not denote that responsibility for a violation has been determined, before an investigation or resolution process is completed)

- Complainant: the party who is reported to have experienced the alleged conduct;
- Respondent: the accused party, or the party who allegedly engaged in the conduct;
- Witness: person(s) who may have observed or witnessed the incident or who may have relevant knowledge or information about the incident;
- Responsible Employee: AJU Employee (including student employees) who is required to report

You may identify multiple parties by adding additional pages to this form.

Individual 1

First Name _____

Last Name _____

Gender _____

(Male/ Female/ Nonbinary/ Transgender/ Other/ Unknown)

Role _____

(Complainant/ Respondent/ Witness/ Responsible Employee)

DOB _____

Phone Number_____

Email Address_____

Individual 2

First Name_____

Last Name_____

Gender_____

(Male/ Female/ Nonbinary/ Transgender/ Other/ Unknown)

Role_____

(Complainant/ Respondent/ Witness/ Responsible Employee)

DOB_____

Phone Number_____

Email Address_____

D. Questions Regarding the Incident(s)

What is the affiliation of the Complainant to AJU, if known? *

____ Youth/minor participating in an AJU sponsored youth program

____ Undergraduate student

____ Graduate student

____ Participant in an AJU sponsored program or activity (including certificate and extension programs)

____ Applicant to an AJU sponsored program or activity (including degree, certificate, extension, and youth programs)

____ Faculty

____ Staff

____ Applicant for employment

____ Member of AJU's Board of Directors

- Contractor/Vendor
- Volunteer
- Alumni
- Visitor to campus
- Individual associated with non-AJU-affiliated entities that occupy the same physical location as AJU's campus
- No affiliation
- Unknown
- Other (Please specify) _____

What is the affiliation of the Respondent to AJU, if known? *

- Youth/minor participating in an AJU sponsored youth program
- Undergraduate student
- Graduate student
- Participant in an AJU sponsored program or activity (including certificate and extension programs)
- Applicant to an AJU sponsored program or activity (including degree, certificate, extension, and youth programs)
- Faculty
- Staff
- Applicant for employment
- Member of AJU's Board of Directors
- Contractor/Vendor
- Volunteer
- Alumni
- Visitor to campus

____ Individual associated with non-AJU-affiliated entities that occupy the same physical location as AJU's campus

____ No affiliation

____ Unknown

____ Other (Please specify) _____

What is the Respondent's relationship to the Complainant? *

____ Unknown

____ Classmate

____ Acquaintance (have had contact prior to incident)

____ Friend

____ Faculty

____ Staff member

____ Co-worker/colleague

____ Work Supervisor

____ Stranger

____ Previous romantic or intimate partner or spouse

____ Current romantic or intimate partner or spouse

____ Family member/relative

____ Other (Please specify) _____

Were alcohol or drugs involved in the incident? Check one

Yes _____

No _____

Unsure _____

Which, if any, of these offices have been contacted to support the person(s) involved in the incident or to report the matter (other than using this form to report to the Office of Equity, Compliance, and Title IX)? Check all that apply

____ Local Police

____ Academic Affairs

____ Student Affairs

____ Human Resources

____ Employee Assistance Program

____ TimelyCare

____ External Community Resources

____ Faculty

____ Staff Member(s)

____ Other AJU Administrative Offices: (Please specify below)

Was the incident associated with an organized event (AJU-sponsored or not)? *

Yes _____

No _____

Unknown _____

Was a weapon, physical force, or threat of physical force used? *

Yes _____

No _____

Unknown _____

E. Incident Details

Please provide detailed information about the incident(s) including date, time, location, and any additional information. You may wish to attach additional pages or statements to this form. If you do not know, please state below- "I don't know" or "not known". You may also provide this

information in your meeting with the Director/Title IX Coordinator. Please state below that you'd like to share this when you meet with the Director/Title IX Coordinator.*

Describe the incident(s) or event(s) you are reporting.*

Please provide the names and contact information of others who may have seen the incident or behavior, or have relevant knowledge.

Number of accused parties.

Unknown _____ 1 _____ 2 _____ 3 _____ 4 _____ 5+ _____

Please describe the harm suffered as a result of the incident(s). If you do not know, please state below "not known". You may also choose to share this information in a meeting with the Director/Title IX Coordinator. Please state below that you'd like to share this during your meeting.*

If you are the Complainant, describe the potential outcome(s) you are seeking.

F. Notice of Right to an Advisor

You may choose to have an Advisor of your choice be present at any meeting(s) or interview(s) conducted by the Office of Equity, Compliance, and Title IX.

If you already have selected an Advisor, please provide the following for your Advisor:

First Name _____

Last Name _____

Phone _____

Email _____

Please select one:

_____ I give AJU permission to contact my Advisor and include them in any correspondence with me. I understand that I could withdraw this authorization at any time.

_____ I do not give AJU permission to contact my Advisor and include them in any correspondence with me.

G. Supporting Documentation

Please attach any supporting documentation you may have. This may include police reports, text or email messages, photographs or videos, phone or computer screen shots, social media content, medical reports, voice messages, etc. You do not need to provide documentation to submit this form.

If you are submitting supporting documentation, please describe how they support your report: (You may attach additional pages or statements to this form.)

H. Certification

I certify that the information given in this form is true and correct to the best of my knowledge or belief. *

_____ Yes