

**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, Title IX and Anti-Discrimination Coordinator, 250 Joralemon Street, Room 930, Brooklyn, New York, 11201, (718) 780-0377, [louise.cohen@brooklaw.edu](mailto:louise.cohen@brooklaw.edu). 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 <https://blsconnect.brooklaw.edu/administrative/policies/Pages> and the BLS website at [www.brooklaw.edu/policies](http://www.brooklaw.edu/policies).

**COMPLAINANT INFORMATION**

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

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

Select Preferred Communication Method:    Email    Phone    In person

**STATUS (Please Select One)**

*Student*                      J.D. Program: Three-Year                      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

1. 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  Student  
 Faculty  Vendor  Other

2. Please describe what happened and how it is affecting you and your work, academic studies, or participation in a Law School program. Please use additional sheets of paper if necessary and attach any relevant documents or evidence.

3. Date(s) alleged sexual misconduct or discrimination occurred:

Is the conduct continuing?  Yes  No

4. Please list the name and contact information of any witnesses or individuals who may have information related to your complaint:

*The last question is optional, but may help the investigation.*

5. Have you previously complained or provided information (verbal or written) about related incidents? If yes, when and to whom did you complain or provide information?

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

