

**COMPLAINT FORM
FOR REPORTING SEX DISCRIMINATION
IN MSU HEALTH CARE INC. SERVICES, PROGRAMS AND
ACTIVITIES**

INSTRUCTIONS

Title IX of the Education Amendments Act of 1972, as amended, and Section 1557 of the Affordable Care Act (ACA), and their respective implementing regulations, prohibit discrimination on the basis of sex (including but not limited to sexual harassment, sexual abuse, and/or sexual assault toward both men and women) in MSU Health Care Inc. services, programs and activities.

Patients, employees, staff, and other individuals who have been discriminated against on the basis of sex (including but not limited to sexual harassment, sexual abuse, and/or sexual assault), in Health Care Inc. services, programs and activities, have the right to file a complaint. If the conduct may be a crime, individuals should also contact the MSU Police Department.

Individuals may file a complaint for sex discrimination arising from Health Care Inc. services, programs or activities by completing the Complaint Form on page 3 and submitting the form via this portal, by email, or by delivering the form to MSU's Office of Institutional Equity, MSU's Title IX Coordinator, MSU's Health Care Civil Rights Specialist, and/or the MSU Police Department.

MSU'S OFFICE OF INSTITUTIONAL EQUITY

Office of Institutional Equity
408 W. Circle Drive, Suite 5, Olds Hall,
East Lansing, MI 48824
Phone: (517) 353-3922
Email: oie@msu.edu

MSU'S TITLE IX COORDINATOR

Laura Rugless, JD
Title IX Coordinator Office
for Civil Rights and Title IX
Education and Compliance
408 W. Circle Drive, Suite 105, Olds Hall
East Lansing, MI 48824
Phone: (517) 353-3922
Email: OCR.laurarugless@msu.edu

MSU'S HEALTH CARE CIVIL RIGHTS SPECIALIST

Jonathan Richards
Office for Civil Rights and Title IX Education and Compliance
408 W. Circle Drive, Suite 5, Olds Hall
East Lansing, MI 48824
Phone: (517) 353-3922
Email: OCR.healthcare@msu.edu

RIGHT TO FILE COMPLAINT WITH U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Patients, employees, staff, and others who believe they have been discriminated against on the basis of sex (including but not limited to sexual harassment, sexual abuse, and/or sexual assault), may also file a complaint with:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, NHH Building
Washington D.C., 20201
1-800-368-1019
800-537-7697 (TDD)
<https://www.hhs.gov/ocr/complaints/index.html>

RETALIATION PROHIBITION

Retaliation and retaliatory harassment are prohibited against any individual who files a complaint or who participates in an investigation of a complaint of sex discrimination.

COMPLAINT FORM

This form should be used to report sex discrimination, including but not limited to sexual harassment, sexual abuse, and/or sexual assault in Health Care Inc. services, programs or activities. Complaints will be processed according to the procedures described in MSU’s Relationship Violence & Sexual Misconduct Policy, available at https://www.hr.msu.edu/policies-procedures/university-wide/RVSM_policy.html.

Name: _____ Date: _____

Phone: _____ Email: _____

Preferred Method of communication: Email Phone

If filing a complaint for someone else, name of the individual you believe was subjected to discrimination: _____

Name of Health Care Inc. clinic, program or activity: _____

Date and Time of Incident(s) – (If date is unknown, please provide an estimated date. If time of incident is unknown, please use 12:00 am): _____

Involved Individual(s) - Please list all individuals that were involved in the incident:

Location of Incident - Please describe the physical location where the incident took place:

Incident Description - Please describe what occurred:

Other Information or Documents – Please provide any other information or documents regarding the incident:
