**COMPLAINT FORM**

**FOR REPORTING SEX DISCRIMINATION**

**IN MSU HEALTHTEAM’S 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 HealthTeam’s 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 HealthTeam’s 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 HealthTeam’s 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 Olds Hall

East Lansing, MI 48824 Phone: (517) 353-3922

Email: oie@msu.edu

**MSU’S TITLE IX COORDINATOR**

Nicole Schmidtke

Title IX Coordinator Office of Institutional Equity

408 W. Circle Drive, Suite 5, Olds Hall East Lansing, MI 48824

Phone: (517) 353-3922

Email: OIE.NicoleSchmidtke@msu.edu

**MSU’S HEALTH CARE CIVIL RIGHTS SPECIALIST**

Tracy Leahy

Office for Civil Rights and Title IX Education and Compliance 408 W. Circle Drive, Suite , Olds Hall

East Lansing, MI 48824 Phone: (517) 353-3922

Email: OCR.TracyLeahy@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](http://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 HealthTeam’s 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.](http://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 HealthTeam 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: