



**NOTICE OF SEXUAL HARASSMENT**

**AMERICAN UNIVERSITY OF BEIRUT MEDITERRANEO**

**OFFICE OF THE RECTOR**

To promote timely and effective review, AUB Mediterraneo encourages Reporting Parties to file this form as soon as possible, after the alleged harassing behavior or prohibited conduct. A delay in reporting may affect AUB Mediterraneo's ability to gather relevant and reliable information, contact witnesses, investigate thoroughly, and respond meaningfully. It may also affect AUB Mediterraneo's ability to take disciplinary action against a student, faculty member, staff, or other member of the AUB Mediterraneo community who engaged in prohibited conduct.

AUB Mediterraneo will deem a report timely as long as the Responding Party has not graduated or permanently left AUB Mediterraneo.

For complete information, please consult AUB Mediterraneo's Procedures for Addressing Discrimination and Discriminatory Harassment, including Sexual Harassment.

When this form is completed and signed, it should be submitted in person, via e-mail, internal mail, or mail by the reporting party to the Title IX Coordinator in the Office of the Rector, or to a Title IX Deputy. Information describing the alleged harassment, as well as any informal efforts to resolve the problem, and copies of documentary evidence that may support the case may be provided with the form or during the intake process after the form has been submitted.

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**Reporting Party Information**

Reporting Party's name: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

(Please provide your home number or AUB Mediterraneo extension or mobile number)

University status: ( ) Faculty ( ) Staff ( ) Student ( ) Other: \_\_\_\_\_

Job title (if applicable): \_\_\_\_\_

Faculty and/or department: \_\_\_\_\_

Head of department's name: \_\_\_\_\_

**Responding Party Information**

Responding Party's name: \_\_\_\_\_

University status: ( ) Faculty ( ) Staff ( ) Student ( ) Other: \_\_\_\_\_

Job title: \_\_\_\_\_  
(If applicable)

Faculty and/or department: \_\_\_\_\_

Head of department's name: \_\_\_\_\_

**Alleged incident(s)**

Alleged incident type:

Sexual Harassment

Retaliation

Type of Sexual Harassment:

\_\_\_\_\_

Alleged incident date:

\_\_\_\_\_

Alleged incident place:

\_\_\_\_\_

Description of alleged incident(s):

\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Reporting Party

\_\_\_\_\_  
Date submitted