INFORMAL - Pre-comp	plaint counseling/guidance/inf	formal resolution with Department	
LEVEL ONE - Formal	EOAA Investigation		
LEVEL TWO - Appeal	to Level 1 Investigation		
	KENT STA	ATE UNIVERSITY	
	EQUAL OPPORTUNITY	Y AND AFFIRMATIVE ACTION	
	COMP	LAINT FORM	
Please print legibly			
COMPLAINANT'S NAME	∃:		
TITLE: Studen+	(Last Name)	(First Name) BANNEI	(M.L.)
	odl of Music	DAININE	(A 1D:
			· · · · · · · · · · · · · · · · · · ·
CAMPUS LOCATION: _	center for performi	ing ATAS	
HOME ADDRESS, CITY,STATE & ZIP: _			
OFFICE PHONE NUMBE	ER:	HOME PHONE NUMBER:	( ) -
EMAIL:		CELL PHONE NUMBER	_
		•	
COMPLAINANT'S STATU	JS AT THE UNIVERSITY	(Place an "✓" in the appropriate box.)	
Student Classified	Unclassified Fac	culty 🚺 Current Terminate Employee Employee	d Applicant for Employment
PROTECTED CLASS (Place	e an " <u>√</u> " in the appropriate bo	ox(es) which indicates the basis of you	r alleged discrimination)
Age (40 yrs. old or older)	Race	Disabled Veteran	Military Status
National Origin	Religion	Disability	
Vietnam Era Veteran	Gender	Color	
Sexual Orientation	Sexual Harassment	Genetic Information (GIN	JA)
ALLEGED DISCRIMINATE which you perceive are applicated	•	ce an " <u>\( '</u> " in the appropriate box(es) w	which best identify the area(s)
Recruitment	Retaliation	Hostile Environment	Disciplinary Action
Termination	Training	Terms & Conditions	Harassment

Personnel Evaluation

Other (Please describe in the space provided below)

Promotion/Demotion

Pay

Failure to Accommodate

DESCRIPTION OF THE ALLEGED DISCRIMINATORY ACTION(S): Please use the following space to describe the discriminatory action which occurred. Be as precise as possible with regard to the names and titles/positions of the involved participants, names of witnesses, locations, times, and dates. Use an additional sheet of paper if necessary. Who was involved (name & title/Offensive or discriminatory act that occurred? (Use additional plain paper if necessary)

On the morning of Morch 13, 2019, I was on instagram and noticed a post
by Director of Bands, Or. Tesse Leyva, at 1:07 A.M. The post went up at around midnight and read The worst kind of hurt is betrowal Recouse it means someone was willing to hurt you Just to make themselves feel better with the description which I feel meant then noticed a second post, posted at 12:46 A.M. that Peas / When Poisonous people come Disguised as friends and family with a picture of a figure holding a knife our Another. The sescription read to which stood for Tohn Franklin, I feel that these posts were in retaliation to an investigation we are witnesses for on the afternoon of March 13, 2019, I was shown a screenshot from an instagram fost made by (Structure) at Coughly 10:00 PM on March 12. The first stone "the kent stone school of music has some CRACKED people in it. our shirty director is about to be fired and the only & People who like him (who are so far up his ass they forget what the sun looked like) delided to file sexual assout claims on the other director, because that Just magically might save him, even though I know for a fact the shifty director has done worke! I will tag these & bitches wont test When did it happen (date, one-time occurrence or recurring)? Dr. Jesse veyva - Morch 13, 2019 around midnight and at 12:46 am. - March 12, 2019 around local PM How did you react/respond? I gove no GOCHIN of response I notified Of the Post. Were there any witnesses? X Yes \_\_\_\_\_ No If you answered "Yes", please indicate the name(s) of the witness(es): All Students and friends on both individuals sociol medio accounts. Did you tell anyone about this? (Supervisor, Dean, Instructor, Student Ombuds or Department Chair) X Yes \_\_\_\_ No If you answered "Yes", please indicate the name(s) of those you told: DePartment Chair, Dr. Jone Dressier

claim? X Yes	No	_		es, Facebook/Twitter posts, OAA) 635 Loop Rd., Heer	
OH 44242-0001.	any copies to the Olive	e Equal Opportunity	Allunianve Action (E	OAA) 653 Loop III., Ticti	i ran, ixent

below X Yes	No	any way as a result of this alleged incident and if so, please describe the affect
I Feel that make next regarding	by Theroctions with the I am this situation.	my Payls an only my reproxim has been bomoged through cultenty wellied about what sesse Ley Va will do
What proposed resolubly texting at needs to be n	tion and/or remedial action  KENT State July  1050 OWAG OF her	on are you seeking: Dr. Jesse beyvo should no longer to this behavior towards students.  Octions and help accountible through student conduct
you provide request for Commission Civil Rights	from disclosure, such in public records, in respo (EEOC), the Ohio Civi	iffirmative Action Office uses its best efforts to protect information information is subject to release under the following circumstances: sonse to charges filed with the Equal Employment Opportunity ril Rights Commission (OCRC), Department of Education (DOE), ministrative agencies or complaints filed in state or federal court,
knowledge and I decla	stand the contents of this or re that this complaint has	Gelissall. Winxe
DATE 03-		ACKNOWLEDGED BY COMPLIANCE DIRECTOR/EOAA COORDINATOR  DATE 3-21-19

	INFORMAL - Pre-complaint counseling/guidance/informal resolution with Department
V	LEVEL ONE - Formal EOAA Investigation
	LEVEL TWO - Appeal to Level 1 Investigation

#### KENT STATE UNIVERSITY

## EQUAL OPPORTUNITY AND AFFIRMATIVE ACTION

### COMPLAINT FORM

Please print legibly			
COMPLAINANT'S NAME	:: _		
TITLE:	(Last Ivame)	(First Name) BANNER	ID:
DEPARTMENT: School	1 of Music		
CAMPUS LOCATION:			
HOME ADDRESS, CITY,STATE & ZIP:			
OFFICE PHONE NUMBE	ER: I	HOME PHONE NUMBER:	
EMAIL:	(	CELL PHONE NUMBER	
COMPLAINANT'S STATU  Student Classified	JS AT THE UNIVERSITY (Plac	/	Applicant for Employment
PROTECTED CLASS (Place	e an " <u>&lt;</u> " in the appropriate box(es)	which indicates the basis of your a	lleged discrimination)
Age (40 yrs. old or older)	Race	Disabled Veteran	Military Status
National Origin	Religion	Disability	
Vietnam Era Veteran	Gender	Color	
Sexual Orientation	Sexual Harassment	Genetic Information (GINA	)
ALLEGED DISCRIMINAT which you perceive are applicab	ORY ACTION AREA (Place an ole to your complaint.)	" <u>✓</u> " in the appropriate box(es) whi	ch best identify the area(s)
Recruitment	Retaliation	Hostile Environment	Disciplinary Action
Termination	Training	Terms & Conditions	Harassment
Pay	Personnel Evaluation	Promotion/Demotion	Failure to Accommodate
Other (Please describe in the	space provided below)		_

<b>DESCRIPTION OF THE ALLEGED DISCRIMINATORY ACTION(S):</b> Please use the following space to describe the discriminatory action which occurred. Be as precise as possible with regard to the names and titles/positions of the involved participants, names of witnesses, locations, times, and dates. Use an additional sheet of paper if necessary.
Who was involved (name & title/Offensive or discriminatory act that occurred? (Use additional plain paper if necessary)
Instagram. One had the caption "I see you." and the other said " stands for stands for
on his Story saying " when you get angry, take a breath and count to tup. Throw a punch when you get to eight. No body expects that."
is a light state student and a pres of mine.
a post that made on instagram (her "finsta" of fathe instagram) around 10 pm on Tuesday, March 12. The post said, "the kent state school of Music has some cracked people in it. Our shitly director is about to be fired, and the only 3 people who like him links are so for up his ass they forget what the sun looks like, decided to file sexual assault and claims on the other director, because
When did it happen (date, one-time occurrence or recurring)? March 12, 13, \$14
Where did it happen (location, bldg., room #)? Instagram (Djesse leyva) and (D-  How did you react/respond? I took screenshots to save them pictures in my phone, talked to be and then went to report the posts that Dr. Leyva  Made to Dr. Dressice.
Were there any witnesses?  YesNo If you answered "Yes", please indicate the name(s) of the witness(es): Any Instagram followers of Dr. Jesse Legva as well as
Did you tell anyone about this? (Supervisor, Dean, Instructor, Student Ombuds or Department Chair) \( \sqrt{Yes} \) No If you answered "Yes", please indicate the name(s) of those you told: \( \text{Department} \) Chail \( \text{Dr. Dress (cr. about Dr. Dress)} \)
Do you have any physical evidence (i.e. emails, photos, letters, documents, text messages, Facebook/Twitter posts, etc.) of this claim? Yes No If so, please provide any copies to the Office Equal Opportunity Affirmative Action (EOAA) 635 Loop Rd., Heer Hall, Kent OH 44242-0001.

Description of Alleged Discriminatory Actions Continued:
that just magically might save him, even though I know for a fact the snitty director has done morse!! I will tag these 5 bitches don't test me"

below Yes No I am afraid for my own Safrty in the band of other students. I have also been shum	result of this alleged incident and if so, please describe the affect of the safety of from my clarinut studio over to the safety told them.
	s and actions have purt me personally
you provide from disclosure, such information request for public records, in response to ch Commission (EEOC), the Ohio Civil Rights Commission (EEOC)	action Office uses its best efforts to protect information is subject to release under the following circumstances: arges filed with the Equal Employment Opportunity ommission (OCRC), Department of Education (DOE), agencies or complaints filed in state or federal court,
I have read and understand the contents of this document. A knowledge and I declare that this complaint has been made i	
COMPLAINANT SIGNATURE	ACKNOWLEDGED BY COMPLIANCE DIRECTOR/EOAA COORDINATOR
DATE MACH 19, 2019	DATE

INFORMAL - Pre-complaint counseling/guidance/informal resolution with Department
LEVEL ONE - Formal EOAA Investigation
LEVEL TWO - Appeal to Level 1 Investigation

### KENT STATE UNIVERSITY

# EQUAL OPPORTUNITY AND AFFIRMATIVE ACTION

#### COMPLAINT FORM

Please print legibly			
COMPLAINANT'S NAME			
TITLE:	(Lowervaine)	(First Name) BANNI	ER ID:
DEPARTMENT:			
CAMPUS LOCATION:			
HOME ADDRESS, CITY,STATE & ZIP:			
OFFICE PHONE NUMB	ER:	HOME PHONE NUMBER:	( ) -
EMAIL:	and the same of th	CELL PHONE NUMBER	
_		Place an " <u>✓</u> " in the appropriate box	.)
Student Classified	Unclassified Fact	ulty Current Terminat Employee Employee	
PROTECTED CLASS (Place	e an "✓" in the appropriate bo≥	(es) which indicates the basis of you	ar alleged discrimination)
Age (40 yrs. old or older)	Race	Disabled Veteran	Military Status
National Origin	Religion	Disability	_
Vietnam Era Veteran	Gender	Color	
Sexual Orientation	Sexual Harassment	Genetic Information (GII	ŇA)
ALLEGED DISCRIMINAT which you perceive are applica	'ORY ACTION AREA (Place ble to your complaint.)	an "✓" in the appropriate box(es) v	which best identify the area(s)
Recruitment	Retaliation	Hostile Environment	Disciplinary Action
Termination	Training	Terms & Conditions	Harassment
Pay	Personnel Evaluation	Promotion/Demotion	Failure to Accommodate
Other (Please describe in th	e space provided below)		<del></del>

**DESCRIPTION OF THE ALLEGED DISCRIMINATORY ACTION(S):** Please use the following space to describe the <u>discriminatory action</u> which occurred. Be as precise as possible with regard to the names and titles/positions of the involved participants, names of witnesses, locations, times, and dates. Use an additional sheet of paper if necessary.

Who was i	involved	(name & title	/Offensive or o	discrimina	tory act that	occurred?(Us	e additio	nal plain pape	er if nece	ssarv)
Or Je	sse l	eya	Director	of	Bands	, made	2.	instag	com	bastz
one 1 disac  l:00 c of H you in  1100 c All of harrass  The c Mhen did Dr Le  Where did	Jas of sed Track of the Cw it happens	as formal as feath as	mends of the mas posted the then has I be molved all of the then the the then the the then the then the then the then the the then the	he of fam osted assert also elicre whom believe whom or recurring about the On.	on with med feel to we stand are of to be so ley farch ! Trosta (	when  ith the  ednesday  ins som  cetter ?  day m  for  against  for  for  for  stude  strong  at about	poisone ca Marc quote nith arch the the the	mous perphon who light a was in the was in t	versions in	come ee you approximately thind to hert ancipinately John usual agreem post check proximately (control)
How did y	ou react/	respond? ofess ion what	I have al mar 13 nec	not conner cesson	engaged and	v7th nave	Dr. Lim it	Leyra ed m	out y cov	side Haot
Were there	e any witt wered "Y	nesses? X	_ Yes dicate the name	e(s) of the	_ No witness(es):	H3 ms	tagra	m fello	vers.	
Her i	idst a	gram (	Moners							
Dr. Ja	wered "Y	es", please in	Supervisor, De dicate the name I Intervenee 40	e(s) of tho	se you told:	& Pro	fessor			_No
claim?	se provide	es	nce (i.e. email s <sub>i</sub> _ No o the <mark>Office E</mark> o							

3.7	as a result of this alleged incident and if so, please describe the affect  be m Dr. Levras ensemble and  other people there.
	ou seeking:  to teach at Kent State University  o student conduct:
you provide from disclosure, such informate request for public records, in response to Commission (FEOC), the Ohio Civil Right	tive Action Office uses its best efforts to protect information tion is subject to release under the following circumstances: to charges filed with the Equal Employment Opportunity outs Commission (OCRC), Department of Education (DOE), active agencies or complaints filed in state or federal court,
I have read and understand the contents of this docum knowledge and I declare that this complaint has been n	nent. All statements and responses are accurate to the best of my nade in good faith.
COMPLAINANT SIGNATURE	ACKNOWLEDGED BY COMPLIANCE DIRECTOR/EOAA COORDINATOR
DATE 3/19/19	

discriminatory action which occurred. Be as precise as possible with regard to the names and titles/positions of the involved participants, names of witnesses, locations, times, and dates. Use an additional sheet of paper if necessary. Who was involved (name & title/Offensive or discriminatory act that occurred?(Use additional plain paper if necessary) assault claims to file sexual tag these me. When did it happen (date, one-time occurrence or recurring )? Where did it happen (location, bldg., room #)? How did you react/respond? \_\_\_\_\_ \_\_\_\_No Were there any witnesses? \_\_\_\_ Yes If you answered "Yes", please indicate the name(s) of the witness(es): Did you tell anyone about this? (Supervisor, Dean, Instructor, Student Ombuds or Department Chair) \_\_\_ Yes \_\_\_ No If you answered "Yes", please indicate the name(s) of those you told: Do you have any physical evidence (i.e. emails, photos, letters, documents, text messages, Facebook/Twitter posts, etc.) of this claim? Yes No

DESCRIPTION OF THE ALLEGED DISCRIMINATORY ACTION(S): Please use the following space to describe the

If so, please provide any copies to the Office Equal Opportunity Affirmative Action (EOAA) 635 Loop Rd., Heer Hall, Kent

OH 44242-0001.

Has your <u>letters and the same</u>	**	
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WE	er en se de la companyación de la La companyación de la companyación	<b>6</b>
manager with alternative of EVA Comment		
		, and events stored to contract
- Marina -		
Commission (EEOC), Civil Rights section as whether filed by you or	nd other administrative	reger field with the Equal Employment Opportunity and itsion (force), Department of Equal Employment (see 2), agencies or complaints filed in state or federal event,
I have read and understand the co knowledge and I declare that this	ontents of this document. complaint has been made i	All statements and responses are accurate to the best of my in good faith.
COMPLAINANT SIGNATURE		ACKNOWLEDGED BY COMPLIANCE DIRECTOR/EOAA COORDINATOR
DATE		DATE