

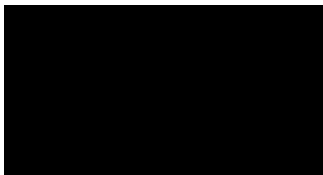
Page 1 of 4 – U.S. Department of Education, Office for Civil Rights Discrimination Complaint Form, Consent Form, and Complaint Processing Procedures

DISCRIMINATION COMPLAINT FORM
to the
United States Department of Education
Office for Civil Rights

1. Name of person filing this complaint:

Last Name, First, Middle	<u>Swain, Lauren</u>
Address:	<u>8532 N. Ivanhoe St., #208</u>
City, State, Zip Code:	<u>Portland, OR 97203</u>
Home/Work Telephone:	
Email Address:	<u>lauren@paulsouthwick.com</u>

2. Name of person discriminated against (if **other** than person filing). If the person discriminated against is age 18 or older, we will need that person’s signature on this complaint form and the consent/release form before we can proceed with this complaint. If the person is a minor, and you do not have the legal authority to file a complaint on the student’s behalf, the signature of the child’s parent or legal guardian is required.

Last Name, First, Middle	<u>Bacon, Victoria</u>
Address:	
City, State, Zip Code:	
Home/Work Telephone:	
Email Address:	

3. OCR investigates discrimination complaints against institutions and agencies which receive funds from the U.S. Department of Education and against public educational entities and libraries that are subject to the provisions of Title II of the Americans with Disabilities Act. Please identify the institution or agency that engaged in the alleged discrimination. If we cannot accept your complaint, we will attempt to refer it to the appropriate agency and will notify you of that fact.

Name of Institution:	<u>Lipscomb University</u>
Address:	<u>1 University Park Dr.</u>
City, State, Zip Code:	<u>Nashville, TN, 37204</u>
Department/School:	

4. The regulations OCR enforces prohibit discrimination on the basis of race, color, national origin, sex, disability, age or retaliation. Please indicate the basis of your complaint:

Discrimination **based on sex (specify)**

Discrimination on the basis of sexual orientation and gender identity

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Complaint Form, Consent Form, and Complaint Processing Procedures

5. Please describe each alleged discriminatory act. For each action, please include the date(s) the discriminatory act occurred, the name(s) of each person(s) involved and, why you believe the discrimination was because of race, disability, age, sex, etc. Also please provide the names of any person(s) who was present and witnessed the act(s) of discrimination.

While Victoria was a student at Lipscomb, the administration repeatedly refused to grant official status to the LGBT student group Victoria joined. Lipscomb officials failed to address complaints submitted by Victoria and others regarding harassment and discrimination perpetrated by students and school officials on campus. Because of Lipscomb's culture and rules, as well as the experiences of Victoria's peers, Victoria did not feel safe reporting a sexual assault against them to Lipscomb officials. Examples of the discrimination Victoria endured include: 1) A Lipscomb administrator told Victoria that any events they proposed would require a longer approval process than those submitted by others, because they would be considered "gay" events. 2) A Lipscomb football coach speaking at school chapel event Victoria attended compared gay men to "demon-possessed pedophiles." See attached declaration.

6. What is the most **recent date** you were discriminated against?

Date: Current, Ongoing

7. If this date is **more than 180 days ago**, you may request a waiver of the filing requirement.

I am requesting a waiver of the 180-day time frame for filing this complaint.

Please explain why you waited until now to file your complaint.

- 1) the Covid-19 pandemic;
2) The Trump administration's policies and statements about religious exemptions to Title IX;
3) The Trump administration's policies and statements about Title IX not prohibiting discrimination on the basis of sexual orientation or gender identity.
4) Although the initial act of discrimination took place more than 180 days ago, Victoria's complaint should not be considered time-barred because Lipscomb continues to discriminate against Victoria and to promulgate policies and practices that discriminate against LGBTQ+ students.

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8. Have you attempted to resolve these allegations with the institution through an internal grievance procedure, appeal or due process hearing?

Yes

If you answered **yes**, please describe the allegations in your grievance or hearing, identify the date you filed it, and tell us the status. If possible, please provide us with a copy of your grievance or appeal or due process request and, if completed, the decision in the matter.

See attached declaration.

9. If the allegations contained in this complaint have been filed with any other Federal, state or local civil rights agency, or any Federal or state court, please give details and dates. We will determine whether it is appropriate to investigate your complaint based upon the specific allegations of your complaint and the actions taken by the other agency or court.

Agency or Court: U.S. District Court - District of Oregon - Eugene Division

Date Filed: 03/29/21

Case Number or Reference: 6:21-cv-00474-AA

Results of Investigations/Findings by Agency or Court: Pending

10. If we cannot reach you at your home or work, we would like to have the name and telephone number of another person (relative or friend) who knows where and when we can reach you. This information **is not required**, but it will be helpful to us.

Not applicable

11. What would you like the institution to do as a result of your complaint — what remedy are you seeking?

Prevent conflicts of interest by separating Title IX officer positions from administrative positions involved in enforcing student codes of conduct/honor code and prevent the sharing of information from Title IX office to administrative offices involved in enforcing student codes of conduct/honor code.

Victoria would also like Lipscomb's policies amended to state that (1) same-sex dating relationships and displays of affection will be treated by Lipscomb in the same manner as opposite-sex dating relationships and displays of affection; (2) students will not be punished for coming out as LGBTQ+ or for expressing their sexual or gender identity (through pronouns, clothing, hair, makeup, etc.); (3) Lipscomb will not encourage or facilitate conversion therapy or any other sexual or gender orientation change efforts; (4) students who report sexual or physical assault will be granted safe harbor from discipline relating to sexual activity or

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other code of conduct violations; and (5) Lipscomb's non-discrimination policy includes sexual orientation and gender identity as applied to all aspects of Lipscomb, including housing and other programs

12. We cannot accept your complaint if it has not been signed. Please sign and date your complaint below.

07/24/21

(Date)

Jul 26, 2021

(Date)



(Signature)

Victoria Bacon

Victoria Bacon (Jul 26, 2021 14:12 CDT)

(Signature of person in Item 2)

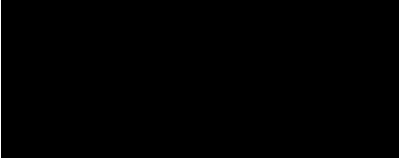
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Complaint Form, Consent Form, and Complaint Processing Procedures

**DISCRIMINATION COMPLAINT
FORM
to the
United States Department of
Education Office for Civil Rights**

1. Name of person filing this complaint:

Last Name, First, Middle	<u>Swain, Lauren</u>
Address:	<u>8532 N. Ivanhoe St., #208</u>
City, State, Zip Code:	<u>Portland, OR 97203</u>
Home/Work Telephone:	
Email Address:	<u>lauren@paulsouthwick.com</u>

2. Name of person discriminated against (if **other** than person filing). If the person discriminated against is age 18 or older, we will need that person's signature on this complaint form and the consent/release form before we can proceed with this complaint. If the person is a minor, and you do not have the legal authority to file a complaint on the student's behalf, the signature of the child's parent or legal guardian is required.

Last Name, First, Middle	<u>Bonestroo, Avery</u>
Address:	
City, State, Zip Code:	
Home/Work Telephone:	
Email Address:	

3. OCR investigates discrimination complaints against institutions and agencies which receive funds from the U.S. Department of Education and against public educational entities and libraries that are subject to the provisions of Title II of the Americans with Disabilities Act. Please identify the institution or agency that engaged in the alleged discrimination. If we cannot accept your complaint, we will attempt to refer it to the appropriate agency and will notify you of that fact.

Name of Institution:	<u>Dordt University</u>
Address:	<u>700 7th St. NE</u>
City, State, Zip Code:	<u>Sioux Center, IA, 51250</u>
Department/School:	

4. The regulations OCR enforces prohibit discrimination on the basis of race, color, national origin, sex, disability, age or retaliation. Please indicate the basis of your complaint:

- Discrimination **based on sex (specify)**

Discrimination on the basis of sexual orientation and gender identity

Page 2 of 4 – U.S. Department of Education, Office for Civil Rights Discrimination Complaint Form, Consent Form, and Complaint Processing Procedures

5. Please describe each alleged discriminatory act. For each action, please include the date(s) the discriminatory act occurred, the name(s) of each person(s) involved and, why you believe the discrimination was because of race, disability, age, sex, etc. Also please provide the names of any person(s) who was present and witnessed the act(s) of discrimination.

Dordt publishes anti-LGBTQ+ policies in its student handbook, including a prohibition on advocacy for LGBTQ+ rights. Dordt's policy states that students can be expelled for forbidden behavior. Professors and other students have told Avery to dress more femininely. Avery feels forced to use their birthname, hide their relationship with a woman, and use female pronouns because of the risk of discipline for doing otherwise. Avery fears filing a Title IX complaint through the school about the hostility they have experienced from other students because of the risk of discipline and potential expulsion. Please see attached declaration.

6. What is the most **recent date** you were discriminated against?

Date: Current, ongoing

7. If this date is **more than 180 days ago**, you may request a waiver of the filing requirement.

X I am requesting a waiver of the 180-day time frame for filing this complaint.

Please explain why you waited until now to file your complaint.

- 1) the Covid-19 pandemic;
2) The Trump administration's policies and statements about religious exemptions to Title IX;
3) The Trump administration's policies and statements about Title IX not prohibiting discrimination on the basis of sexual orientation or gender identity.
4) Although the initial act of discrimination took place more than 180 days ago, Avery's complaint should not be considered time-barred because Dordt continues to discriminate against Avery and to promulgate policies and practices that discriminate against LGBTQ+ students.

8. Have you attempted to resolve these allegations with the institution through an internal grievance procedure, appeal or due process hearing?

No

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9. If the allegations contained in this complaint have been filed with any other Federal, state or local civil rights agency, or any Federal or state court, please give details and dates. We will determine whether it is appropriate to investigate your complaint based upon the specific allegations of your complaint and the actions taken by the other agency or court.

Agency or Court: U.S. District Court - District of Oregon - Eugene Division

Date Filed: 03/29/21

Case Number or Reference: 6:21-cv-00474-AA

Results of Investigations/Findings by Agency or Court: Pending

10. If we cannot reach you at your home or work, we would like to have the name and telephone number of another person (relative or friend) who knows where and when we can reach you. This information **is not required**, but it will be helpful to us.

Not applicable

11. What would you like the institution to do as a result of your complaint — what remedy are you seeking?

Prevent conflicts of interest by separating Title IX officer positions from administrative positions involved in enforcing student codes of conduct/honor code and prevent the sharing of information from Title IX office to administrative offices involved in enforcing student codes of conduct/honor code.

Avery would also like Dordt's policies amended to state that (1) same-sex dating relationships and displays of affection will be treated by Dordt in the same manner as opposite-sex dating relationships and displays of affection; (2) students will not be punished for coming out as LGBTQ+ or for expressing their sexual or gender identity (through pronouns, clothing, hair, makeup, etc.); (3) Dordt will not encourage or facilitate conversion therapy or any other sexual or gender orientation change efforts; (4) students who report sexual or physical assault will be granted safe harbor from discipline relating to sexual activity or other code of conduct violations; and (5) Dordt's non-discrimination policy includes sexual orientation and gender identity as applied to all aspects of Dordt, including housing and other programs

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12. We cannot accept your complaint if it has not been signed. Please sign and date your complaint below.

07/23/2021

(Date)

Jul 26, 2021

(Date)



(Signature)




Avery Bon... Jul 26, 2021 20:47 CDT

(Signature of person in Item 2)

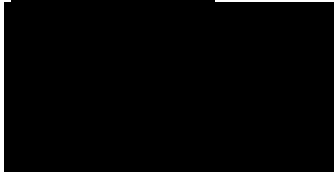
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Complaint Form, Consent Form, and Complaint Processing Procedures

DISCRIMINATION COMPLAINT FORM
to the
United States Department of Education
Office for Civil Rights

1. Name of person filing this complaint:

Last Name, First, Middle	<u>Swain, Lauren L.</u>
Address:	<u>8532 N. Ivanhoe St., #208</u>
City, State, Zip Code:	<u>Portland, OR 97203</u>
Home/Work Telephone:	
Email Address:	<u>lauren@paulsouthwick.com</u>

2. Name of person discriminated against (if **other** than person filing). If the person discriminated against is age 18 or older, we will need that person's signature on this complaint form and the consent/release form before we can proceed with this complaint. If the person is a minor, and you do not have the legal authority to file a complaint on the student's behalf, the signature of the child's parent or legal guardian is required.

Last Name, First, Middle	Nathan Brittsan
Address:	
City, State, Zip Code:	
Home/Work Telephone:	
Email Address:	

3. OCR investigates discrimination complaints against institutions and agencies which receive funds from the U.S. Department of Education and against public educational entities and libraries that are subject to the provisions of Title II of the Americans with Disabilities Act. Please identify the institution or agency that engaged in the alleged discrimination. If we cannot accept your complaint, we will attempt to refer it to the appropriate agency and will notify you of that fact.

Name of Institution:	<u>Fuller Theological Seminary -BayArea</u>
Address:	<u>320 Middlefield Road</u>
City, State, Zip Code:	<u>Menlo Park, CA 94025</u>
Department/School:	<u>NA</u>

4. The regulations OCR enforces prohibit discrimination on the basis of race, color, national origin, sex, disability, age or retaliation. Please indicate the basis of your complaint:

- Discrimination **based on sex (specify)**

Discrimination on the basis of sexual orientation and marital status

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Complaint Form, Consent Form, and Complaint Processing Procedures

5. Please describe each alleged discriminatory act. For each action, please include the date(s) the discriminatory act occurred, the name(s) of each person(s) involved and, why you believe the discrimination was because of race, disability, age, sex, etc. Also please provide the names of any person(s) who was present and witnessed the act(s) of discrimination.

Nathan was expelled from Fuller Theological Seminary after the school discovered he was married to a man. Please see attached declaration.

6. What is the most **recent date** you were discriminated against?

Date: Current, Ongoing

7. If this date is **more than 180 days ago**, you may request a waiver of the filing requirement.

X I am requesting a waiver of the 180-day time frame for filing this complaint.

Please explain why you waited until now to file your complaint.

- 1) the Covid-19 pandemic;
2) The Trump administration's policies and statements about religious exemptions to Title IX;
3) The Trump administration's policies and statements about Title IX not prohibiting discrimination on the basis of sexual orientation or gender identity.
4) The discrimination against Nathan remains ongoing, as his same-sex marriage prevents him from being readmitted to complete his degree program. Although the initial act of discrimination took place more than 180 days ago, Nathan's complaint should not be considered time-barred because of the ongoing discrimination.

8. Have you attempted to resolve these allegations with the institution through an internal grievance procedure, appeal or due process hearing?

X **Yes**

If you answered **yes**, please describe the allegations in your grievance or hearing, identify the date you filed it, and tell us the status. If possible, please provide us with a copy of your grievance or appeal or due process request and, if completed, the decision in the matter.

See attached declaration

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Complaint Form, Consent Form, and Complaint Processing Procedures

9. If the allegations contained in this complaint have been filed with any other Federal, state or local civil rights agency, or any Federal or state court, please give details and dates. We will determine whether it is appropriate to investigate your complaint based upon the specific allegations of your complaint and the actions taken by the other agency or court.

Agency or Court: U.S. District Court for the Central District of California

Date Filed: 11/21/19

Case Number or Reference: 2:19-cv-09969-CBM-MRW

Results of Investigations/Findings by Agency or Court: Complaint dismissed based on religious exemption to Title IX provisions, appeal filed and pending

Agency or Court: U.S. District Court - District of Oregon - Eugene Division

Date Filed: 03/29/21

Case Number or Reference: 6:21-cv-00474-AA

Results of Investigations/Findings by Agency or Court: Pending

10. If we cannot reach you at your home or work, we would like to have the name and telephone number of another person (relative or friend) who knows where and when we can reach you. This information **is not required**, but it will be helpful to us.

Not applicable

11. What would you like the institution to do as a result of your complaint — what remedy are you seeking?

Prevent conflicts of interest by separating Title IX officer positions from administrative positions involved in enforcing student codes of conduct/honor code and prevent the sharing of information from Title IX office to administrative offices involved in enforcing student codes of conduct/honor code.

Nathan would also like Fuller Theological Seminary's policies amended to state that 2) same-sex dating relationships and displays of affection will be treated by Fuller in the same manner as opposite-sex dating relationships and displays of affection; (3) students will not be punished for coming out as LGBTQ+ or for expressing their sexual or gender identity (through pronouns, clothing, hair, makeup, etc.); (4) Fuller will not encourage or facilitate conversion therapy or any other sexual or gender orientation change efforts; (5) students who report sexual or physical assault will be granted safe harbor from discipline relating to sexual activity or other code of conduct violations; and (6) Fuller's non-discrimination policy includes sexual orientation and gender identity as applied to all aspects of Fuller, including housing and other programs.

Compensation for emotional distress and economic consequences of expulsion.

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Complaint Form, Consent Form, and Complaint Processing Procedures

12. We cannot accept your complaint if it has not been signed. Please sign and date your complaint below.

07/07/2021

(Date)

Jul 8, 2021

(Date)



(Signature)

Nathan T. Brittsan

Nathan T. Brittsan (Jul 8, 2021 15:43 PDT)

(Signature of person in Item 2)

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**DISCRIMINATION COMPLAINT FORM
to the
United States Department of Education
Office for Civil Rights**

1. Name of person filing this complaint:

Last Name, First, Middle	<u>Swain, Lauren</u>
Address:	<u>8532 N. Ivanhoe St., #208</u>
City, State, Zip Code:	<u>Portland, OR 97203</u>
Home/Work Telephone:	
Email Address:	<u>lauren@paulsouthwick.com</u>

2. Name of person discriminated against (if **other** than person filing). If the person discriminated against is age 18 or older, we will need that person’s signature on this complaint form and the consent/release form before we can proceed with this complaint. If the person is a minor, and you do not have the legal authority to file a complaint on the student’s behalf, the signature of the child’s parent or legal guardian is required.

Last Name, First, Middle	<u>Brown, Hayden</u>
Address:	
City, State, Zip Code:	
Home/Work Telephone:	
Email Address:	

3. OCR investigates discrimination complaints against institutions and agencies which receive funds from the U.S. Department of Education and against public educational entities and libraries that are subject to the provisions of Title II of the Americans with Disabilities Act. Please identify the institution or agency that engaged in the alleged discrimination. If we cannot accept your complaint, we will attempt to refer it to the appropriate agency and will notify you of that fact.

Name of Institution:	<u>York College</u>
Address:	<u>1125 E. 8th Street</u>
City, State, Zip Code:	<u>York, NE, 68467</u>
Department/School:	

4. The regulations OCR enforces prohibit discrimination on the basis of race, color, national origin, sex, disability, age or retaliation. Please indicate the basis of your complaint:

Discrimination **based on sex (specify)**

Discrimination on the basis of sexual orientation and gender identity

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Complaint Form, Consent Form, and Complaint Processing Procedures

5. Please describe each alleged discriminatory act. For each action, please include the date(s) the discriminatory act occurred, the name(s) of each person(s) involved and, why you believe the discrimination was because of race, disability, age, sex, etc. Also please provide the names of any person(s) who was present and witnessed the act(s) of discrimination.

The administration and Title IX staff discipline Hayden on an ongoing basis for dressing and behaving in a manner reflecting their gender identity. The administration does not allow an LGBTQ student alliance Hayden joined at York to meet on campus. The York administration has refused to adjust its code of conduct to treat all students equally, insisting on maintaining policies that target LGBTQ students for discipline for the same behaviors that sexual majority students are allowed to practice. See attached declaration.

6. What is the most **recent date** you were discriminated against?

Date: Current, Ongoing

7. If this date is **more than 180 days ago**, you may request a waiver of the filing requirement.

I am requesting a waiver of the 180-day time frame for filing this complaint.

Please explain why you waited until now to file your complaint.

- 1) the Covid-19 pandemic;
- 2) The Trump administration's policies and statements about religious exemptions to Title IX;
- 3) The Trump administration's policies and statements about Title IX not prohibiting discrimination on the basis of sexual orientation or gender identity.
- 4) Although the initial act of discrimination took place more than 180 days ago, Hayden's complaint should not be considered time-barred because York continues to discriminate against Hayden and to promulgate policies and practices that discriminate against LGBTQ+ students.

8. Have you attempted to resolve these allegations with the institution through an internal grievance procedure, appeal or due process hearing?

Yes

If you answered **yes**, please describe the allegations in your grievance or hearing, identify the date you filed it, and tell us the status. If possible, please provide us with a copy of your grievance or appeal or due process request and, if completed,

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the decision in the matter.

See declaration attached.

9. If the allegations contained in this complaint have been filed with any other Federal, state or local civil rights agency, or any Federal or state court, please give details and dates. We will determine whether it is appropriate to investigate your complaint based upon the specific allegations of your complaint and the actions taken by the other agency or court.

Agency or Court: U.S. District Court - District of Oregon - Eugene Division

Date Filed: 03/29/21

Case Number or Reference: 6:21-cv-00474-AA

Results of Investigations/Findings by Agency or Court: Pending

10. If we cannot reach you at your home or work, we would like to have the name and telephone number of another person (relative or friend) who knows where and when we can reach you. This information **is not required**, but it will be helpful to us.

Not applicable

11. What would you like the institution to do as a result of your complaint — what remedy are you seeking?

Prevent conflicts of interest by separating Title IX officer positions from administrative positions involved in enforcing student codes of conduct/honor code and prevent the sharing of information from Title IX office to administrative offices involved in enforcing student codes of conduct/honor code.

Hayden would also like York's policies amended to state that (1) same-sex dating relationships and displays of affection will be treated by York in the same manner as opposite-sex dating relationships and displays of affection; (2) students will not be punished for coming out as LGBTQ+ or for expressing their sexual or gender identity (through pronouns, clothing, hair, makeup, etc.); (3) York will not encourage or facilitate conversion therapy or any other sexual or gender orientation change efforts; (4) students who report sexual or physical assault will be granted safe harbor from discipline relating to sexual activity or other code of conduct violations; and (5) York's non-discrimination policy includes sexual orientation and gender identity as applied to all aspects of York, including housing and other programs.

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Complaint Form, Consent Form, and Complaint Processing Procedures

12. We cannot accept your complaint if it has not been signed. Please sign and date your complaint below.

07/24/21

(Date)

Jul 24, 2021

(Date)



(Signature)

Hayden Brown (Jul 24, 2021 13:29 CDT)

(Signature of person in Item 2)

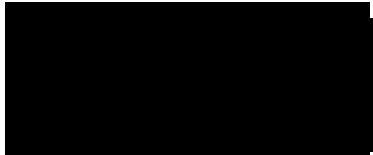
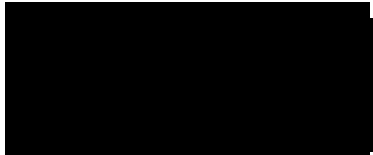
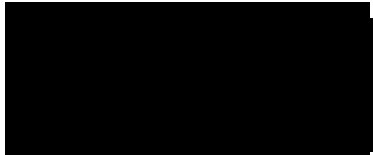
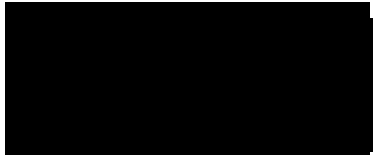
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DISCRIMINATION COMPLAINT FORM
to the
United States Department of Education
Office for Civil Rights

1. Name of person filing this complaint:

Last Name, First, Middle Swain, Lauren
Address: 8532 N. Ivanhoe St., #208
City, State, Zip Code: Portland, OR 97203
Home/Work Telephone: 
Email Address: lauren@paulsouthwick.com

2. Name of person discriminated against (if **other** than person filing). If the person discriminated against is age 18 or older, we will need that person's signature on this complaint form and the consent/release form before we can proceed with this complaint. If the person is a minor, and you do not have the legal authority to file a complaint on the student's behalf, the signature of the child's parent or legal guardian is required.

Last Name, First, Middle C., Brooke
Address: 
City, State, Zip Code: 
Home/Work Telephone: 
Email Address: 

3. OCR investigates discrimination complaints against institutions and agencies which receive funds from the U.S. Department of Education and against public educational entities and libraries that are subject to the provisions of Title II of the Americans with Disabilities Act. Please identify the institution or agency that engaged in the alleged discrimination. If we cannot accept your complaint, we will attempt to refer it to the appropriate agency and will notify you of that fact.

Name of Institution: Cedarville University
Address: 251 N. Main St.
City, State, Zip Code: Cedarville, OH, 45314
Department/School:

4. The regulations OCR enforces prohibit discrimination on the basis of race, color, national origin, sex, disability, age or retaliation. Please indicate the basis of your complaint:

- Discrimination **based on sex (specify)**

Discrimination on the basis of sexual orientation.

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Complaint Form, Consent Form, and Complaint Processing Procedures

5. Please describe each alleged discriminatory act. For each action, please include the date(s) the discriminatory act occurred, the name(s) of each person(s) involved and, why you believe the discrimination was because of race, disability, age, sex, etc. Also please provide the names of any person(s) who was present and witnessed the act(s) of discrimination.

Cedarville's undergraduate student handbook includes anti-LGBT policies. Cedarville has expelled students for coming out as gay. As a result, Brooke cannot use her real name or express her sexual orientation for fear of being dismissed or losing their degree. Brooke is aware of student statements that Cedarville uses its religious exemption to Title IX to dismiss sexual assault and harassment complaint. Please see attached declaration.

6. What is the most **recent date** you were discriminated against?

Date: Current, Ongoing

7. If this date is **more than 180 days ago**, you may request a waiver of the filing requirement.

X I am requesting a waiver of the 180-day time frame for filing this complaint.

Please explain why you waited until now to file your complaint.

- 1) the Covid-19 pandemic;
2) The Trump administration's policies and statements about religious exemptions to Title IX;
3) The Trump administration's policies and statements about Title IX not prohibiting discrimination on the basis of sexual orientation or gender identity.
4) Although the initial act of discrimination took place more than 180 days ago, Brooke's complaint should not be considered time-barred because Cedarville continues to discriminate against Brooke and to promulgate policies and practices that discriminate against LGBTQ+ students.

8. Have you attempted to resolve these allegations with the institution through an internal grievance procedure, appeal or due process hearing?

No

9. If the allegations contained in this complaint have been filed with any other Federal, state or local civil rights agency, or any Federal or state court, please give details and dates. We will determine whether it is appropriate to investigate your complaint based upon the specific allegations of your complaint and the actions taken by the other agency or court.

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Agency or Court: U.S. District Court - District of Oregon - Eugene Division

Date Filed: 03/29/21

Case Number or Reference: 6:21-cv-00474-AA

Results of Investigations/Findings by Agency or Court: Pending

- 10. If we cannot reach you at your home or work, we would like to have the name and telephone number of another person (relative or friend) who knows where and when we can reach you. This information **is not required**, but it will be helpful to us.

Not applicable

- 11. What would you like the institution to do as a result of your complaint — what remedy are you seeking?

Brooke would like Cedarville’s policies amended to state that (1) same-sex dating relationships and displays of affection will be treated by Cedarville in the same manner as opposite-sex dating relationships and displays of affection; (2) students will not be punished for coming out as LGBTQ+ or for expressing their sexual or gender identity (through pronouns, clothing, hair, makeup, etc.); (3) Cedarville will not encourage or facilitate conversion therapy or any other sexual or gender orientation change efforts; (4) students who report sexual or physical assault will be granted safe harbor from discipline relating to sexual activity or other code of conduct violations; and (5) Cedarville’s non-discrimination policy includes sexual orientation and gender identity as applied to all aspects of Cedarville, including housing and other programs.

- 12. We cannot accept your complaint if it has not been signed. Please sign and date your complaint below.

07/23/2021

(Date)

Jul 26, 2021

(Date)



(Signature)

Brooke C.

Brooke.C. (Jul 26, 2021 10:39 PDT)

(Signature of person in Item 2)


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**DISCRIMINATION COMPLAINT FORM
to the
United States Department of Education
Office for Civil Rights**

1. Name of person filing this complaint:

Last Name, First, Middle	<u>Swain, Lauren</u>
Address:	<u>8532 N. Ivanhoe St., #208</u>
City, State, Zip Code:	<u>Portland, OR 97203</u>
Home/Work Telephone:	
Email Address:	<u>lauren@paulsouthwick.com</u>

2. Name of person discriminated against (if **other** than person filing). If the person discriminated against is age 18 or older, we will need that person's signature on this complaint form and the consent/release form before we can proceed with this complaint. If the person is a minor, and you do not have the legal authority to file a complaint on the student's behalf, the signature of the child's parent or legal guardian is required.

Last Name, First, Middle	<u>Campbell, Gary</u>
Address:	
City, State, Zip Code:	
Home/Work Telephone:	
Email Address:	

3. OCR investigates discrimination complaints against institutions and agencies which receive funds from the U.S. Department of Education and against public educational entities and libraries that are subject to the provisions of Title II of the Americans with Disabilities Act. Please identify the institution or agency that engaged in the alleged discrimination. If we cannot accept your complaint, we will attempt to refer it to the appropriate agency and will notify you of that fact.

Name of Institution:	<u>Clarks Summit University</u>
Address:	<u>538 Vernard Rd.</u>
City, State, Zip Code:	<u>Clarks Summit, PA, 18411</u>
Department/School:	

4. The regulations OCR enforces prohibit discrimination on the basis of race, color, national origin, sex, disability, age or retaliation. Please indicate the basis of your complaint:

- Discrimination **based on sex (specify)**

Discrimination on the basis of sexual orientation.

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Complaint Form, Consent Form, and Complaint Processing Procedures

5. Please describe each alleged discriminatory act. For each action, please include the date(s) the discriminatory act occurred, the name(s) of each person(s) involved and, why you believe the discrimination was because of race, disability, age, sex, etc. Also please provide the names of any person(s) who was present and witnessed the act(s) of discrimination.

Clarks Summit publishes anti-LGBT policies in its student handbook. Gary was reported to Clarks Summit officials for homosexual behavior by a dorm monitor who encouraged Gary to engage in sexual behavior with him. Gary was disciplined for homosexual behavior by Clarks Summit officials on other occasions, including being denied full-time attendance or the option of living off campus. Gary left Clarks Summit but attempted to re-enroll to complete the six credits he needed for graduation. Clarks Summit refused to re-enroll Gary or allow him to graduate. Please see attached declaration.

6. What is the most **recent date** you were discriminated against?

Date: Current, Ongoing

7. If this date is **more than 180 days ago**, you may request a waiver of the filing requirement.

X I am requesting a waiver of the 180-day time frame for filing this complaint.

Please explain why you waited until now to file your complaint.

- 1) the Covid-19 pandemic;
2) The Trump administration's policies and statements about religious exemptions to Title IX;
3) The Trump administration's policies and statements about Title IX not prohibiting discrimination on the basis of sexual orientation or gender identity.
4) Although the initial act of discrimination took place more than 180 days ago, Gary's complaint should not be considered time-barred because Clarks Summit continues to discriminate against Gary and to promulgate policies and practices that discriminate against LGBTQ+ students.

8. Have you attempted to resolve these allegations with the institution through an internal grievance procedure, appeal or due process hearing?

Yes

If you answered **yes**, please describe the allegations in your grievance or hearing, identify the date you filed it, and tell us the status. If possible, please provide us with a copy of your grievance or appeal or due process request and, if completed, the decision in the matter.

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Complaint Form, Consent Form, and Complaint Processing Procedures

See attached declaration.

- 9. If the allegations contained in this complaint have been filed with any other Federal, state or local civil rights agency, or any Federal or state court, please give details and dates. We will determine whether it is appropriate to investigate your complaint based upon the specific allegations of your complaint and the actions taken by the other agency or court.

Agency or Court: U.S. District Court - District of Oregon - Eugene Division

Date Filed: 03/29/21

Case Number or Reference: 6:21-cv-00474-AA

Results of Investigations/Findings by Agency or Court: Pending

- 10. If we cannot reach you at your home or work, we would like to have the name and telephone number of another person (relative or friend) who knows where and when we can reach you. This information **is not required**, but it will be helpful to us.

Not applicable

- 11. What would you like the institution to do as a result of your complaint — what remedy are you seeking?

Gary would like Clarks Summit’s policies amended to state that (1) same-sex dating relationships and displays of affection will be treated by Clarks Summit in the same manner as opposite-sex dating relationships and displays of affection; (2) students will not be punished for coming out as LGBTQ+ or for expressing their sexual or gender identity (through pronouns, clothing, hair, makeup, etc.); (3) Clarks Summit will not encourage or facilitate conversion therapy or any other sexual or gender orientation change efforts; (4) students who report sexual or physical assault will be granted safe harbor from discipline relating to sexual activity or other code of conduct violations; and (5) Clarks Summit’s non-discrimination policy includes sexual orientation and gender identity as applied to all aspects of Clarks Summit, including housing and other programs.

- 12. We cannot accept your complaint if it has not been signed. Please sign and date your complaint below.

07/24/21

(Date)

Jul 26, 2021

(Date)



(Signature)

Gary Campbell (Jul 26, 2021 13:40 EDT)

(Signature of person in Item 2)


Page 1 of 4 – U.S. Department of Education, Office for Civil Rights Discrimination
Complaint Form, Consent Form, and Complaint Processing Procedures

DISCRIMINATION COMPLAINT FORM
to the
United States Department of Education
Office for Civil Rights

1. Name of person filing this complaint:

Last Name, First, Middle	<u>Swain, Lauren</u>
Address:	<u>8532 N. Ivanhoe St., #208</u>
City, State, Zip Code:	<u>Portland, OR 97203</u>
Home/Work Telephone:	
Email Address:	<u>lauren@paulsouthwick.com</u>

2. Name of person discriminated against (if **other** than person filing). If the person discriminated against is age 18 or older, we will need that person's signature on this complaint form and the consent/release form before we can proceed with this complaint. If the person is a minor, and you do not have the legal authority to file a complaint on the student's behalf, the signature of the child's parent or legal guardian is required.

Last Name, First, Middle	<u>Campbell, Tristan</u>
Address:	
City, State, Zip Code:	
Home/Work Telephone:	
Email Address:	

3. OCR investigates discrimination complaints against institutions and agencies which receive funds from the U.S. Department of Education and against public educational entities and libraries that are subject to the provisions of Title II of the Americans with Disabilities Act. Please identify the institution or agency that engaged in the alleged discrimination. If we cannot accept your complaint, we will attempt to refer it to the appropriate agency and will notify you of that fact.

Name of Institution:	<u>Oklahoma Baptist University (OBU)</u>
Address:	<u>500 W. University St.</u>
City, State, Zip Code:	<u>Shawnee, OK, 74804</u>
Department/School:	

4. The regulations OCR enforces prohibit discrimination on the basis of race, color, national origin, sex, disability, age or retaliation. Please indicate the basis of your complaint:

- Discrimination **based on sex (specify)**
Discrimination on the basis of sexual orientation

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Complaint Form, Consent Form, and Complaint Processing Procedures

5. Please describe each alleged discriminatory act. For each action, please include the date(s) the discriminatory act occurred, the name(s) of each person(s) involved and, why you believe the discrimination was because of race, disability, age, sex, etc. Also please provide the names of any person(s) who was present and witnessed the act(s) of discrimination.

During his time at OBU, Tristan felt that he could not report a physical assault by a fellow student who was his romantic partner because of OBU's anti-LGBT culture and policies. The OBU administration fired Tristan from his Resident Assistant position because Tristan admitted to the Dean of Students that he is bisexual. The Dean also told Tristan that he was prohibited from coming out publicly on campus and that he could not guarantee Tristan's safety were Tristan to do so. After Tristan came out anyway, he learned that had been dismissed from OBU without receiving any notification. Please see attached declaration.

6. What is the most **recent date** you were discriminated against?

Date: Current, Ongoing

7. If this date is **more than 180 days ago**, you may request a waiver of the filing requirement.

X I am requesting a waiver of the 180-day time frame for filing this complaint.

Please explain why you waited until now to file your complaint.

- 1) the Covid-19 pandemic;
- 2) The Trump administration's policies and statements about religious exemptions to Title IX;
- 3) The Trump administration's policies and statements about Title IX not prohibiting discrimination on the basis of sexual orientation or gender identity.
- 4) The discrimination against Tristan remains ongoing, because his bisexual orientation prevents him from being readmitted to complete his degree program. Although the initial act of discrimination took place more than 180 days ago, Tristan's complaint should not be considered time-barred because OBU continues to discriminate against Tristan and to promulgate policies and practices that discriminate against LGBTQ+ students.

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Complaint Form, Consent Form, and Complaint Processing Procedures

8. Have you attempted to resolve these allegations with the institution through an internal grievance procedure, appeal or due process hearing?

No

If you answered **yes**, please describe the allegations in your grievance or hearing, identify the date you filed it, and tell us the status. If possible, please provide us with a copy of your grievance or appeal or due process request and, if completed, the decision in the matter.

Not applicable

9. If the allegations contained in this complaint have been filed with any other Federal, state or local civil rights agency, or any Federal or state court, please give details and dates. We will determine whether it is appropriate to investigate your complaint based upon the specific allegations of your complaint and the actions taken by the other agency or court.

Agency or Court: U.S. District Court - District of Oregon - Eugene Division

Date Filed: 03/29/21

Case Number or Reference: 6:21-cv-00474-AA

Results of Investigations/Findings by Agency or Court: Pending

10. If we cannot reach you at your home or work, we would like to have the name and telephone number of another person (relative or friend) who knows where and when we can reach you. This information **is not required**, but it will be helpful to us.

Not applicable

11. What would you like the institution to do as a result of your complaint — what remedy are you seeking?

Prevent conflicts of interest by separating Title IX officer positions from administrative positions involved in enforcing student codes of conduct/honor code and prevent the sharing of information from Title IX office to administrative offices involved in enforcing student codes of conduct/honor code.

Tristan would also like OBU's policies amended to state that (1) same-sex dating relationships and displays of affection will be treated by OBU in the same manner as opposite-sex dating relationships and displays of affection; (2) students will not be punished for coming out as LGBTQ+ or for expressing their sexual or gender identity (through pronouns, clothing, hair, makeup, etc.); (3) OBU will not encourage or facilitate conversion therapy or any other sexual or gender orientation change efforts; (4) students who report sexual or physical assault will be granted safe harbor from discipline relating to sexual activity or other code of

Page 4 of 4 – U.S. Department of Education, Office for Civil Rights Discrimination Complaint Form, Consent Form, and Complaint Processing Procedures

conduct violations; and (5) OBU's non-discrimination policy includes sexual orientation and gender identity as applied to all aspects of OBU, including housing and other programs.

Compensation for emotional distress and economic consequences of expulsion.

12. We cannot accept your complaint if it has not been signed. Please sign and date your complaint below.

07/24/21

(Date)

Jul 24, 2021

(Date)



(Signature)

Tristan Campbell

Tristan Campbell (Jul 24, 2021 15:43 CDT)

(Signature of person in Item 2)

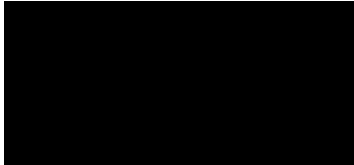
Page 1 of 4 – U.S. Department of Education, Office for Civil Rights Discrimination Complaint Form, Consent Form, and Complaint Processing Procedures

DISCRIMINATION COMPLAINT FORM
to the
United States Department of Education
Office for Civil Rights

1. Name of person filing this complaint:

Last Name, First, Middle	<u>Swain, Lauren</u>
Address:	<u>8532 N. Ivanhoe St., #208</u>
City, State, Zip Code:	<u>Portland, OR 97203</u>
Home/Work Telephone:	
Email Address:	<u>lauren@paulsouthwick.com</u>

2. Name of person discriminated against (if **other** than person filing). If the person discriminated against is age 18 or older, we will need that person's signature on this complaint form and the consent/release form before we can proceed with this complaint. If the person is a minor, and you do not have the legal authority to file a complaint on the student's behalf, the signature of the child's parent or legal guardian is required.

Last Name, First, Middle	<u>Carter, Natalie</u>
Address:	
City, State, Zip Code:	
Home/Work Telephone:	
Email Address:	

3. OCR investigates discrimination complaints against institutions and agencies which receive funds from the U.S. Department of Education and against public educational entities and libraries that are subject to the provisions of Title II of the Americans with Disabilities Act. Please identify the institution or agency that engaged in the alleged discrimination. If we cannot accept your complaint, we will attempt to refer it to the appropriate agency and will notify you of that fact.

Name of Institution:	<u>Toccoa Falls College</u>
Address:	<u>107 Kincaid Dr.</u>
City, State, Zip Code:	<u>Toccoa Falls, GA, 30598</u>
Department/School:	

4. The regulations OCR enforces prohibit discrimination on the basis of race, color, national origin, sex, disability, age or retaliation. Please indicate the basis of your complaint:

Discrimination **based on sex (specify)**

Discrimination on the basis of sexual orientation.

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Complaint Form, Consent Form, and Complaint Processing Procedures

5. Please describe each alleged discriminatory act. For each action, please include the date(s) the discriminatory act occurred, the name(s) of each person(s) involved and, why you believe the discrimination was because of race, disability, age, sex, etc. Also please provide the names of any person(s) who was present and witnessed the act(s) of discrimination.

Toccoa Falls publishes anti-LGBT policies in its student handbook. Because of this, Natalie cannot express her sexual orientation for fear of being disciplined or expelled. Please see attached declaration.

6. What is the most **recent date** you were discriminated against?

Date: Current, Ongoing

7. If this date is **more than 180 days ago**, you may request a waiver of the filing requirement.

I am requesting a waiver of the 180-day time frame for filing this complaint.

Please explain why you waited until now to file your complaint.

1) the Covid-19 pandemic;
2) The Trump administration's policies and statements about religious exemptions to Title IX;
3) The Trump administration's policies and statements about Title IX not prohibiting discrimination on the basis of sexual orientation or gender identity.
4) Although the initial act of discrimination took place more than 180 days ago, Natalie's complaint should not be considered time-barred because Toccoa Falls continues to discriminate against Natalie and to promulgate policies and practices that discriminate against LGBTQ+ students.

8. Have you attempted to resolve these allegations with the institution through an internal grievance procedure, appeal or due process hearing?

No.

9. If the allegations contained in this complaint have been filed with any other Federal, state or local civil rights agency, or any Federal or state court, please give details and dates. We will determine whether it is appropriate to investigate your complaint based upon the specific allegations of your complaint and the actions taken by the other agency or court.

Page 3 of 4 – U.S. Department of Education, Office for Civil Rights Discrimination Complaint Form, Consent Form, and Complaint Processing Procedures

Agency or Court: U.S. District Court - District of Oregon - Eugene Division

Date Filed: 03/29/21

Case Number or Reference: 6:21-cv-00474-AA

Results of Investigations/Findings by Agency or Court: Pending

- 10. If we cannot reach you at your home or work, we would like to have the name and telephone number of another person (relative or friend) who knows where and when we can reach you. This information **is not required**, but it will be helpful to us.

Not applicable

- 11. What would you like the institution to do as a result of your complaint — what remedy are you seeking?

Natalie would also like Toccoa Falls' policies amended to state that (1) same-sex dating relationships and displays of affection will be treated by Toccoa Falls in the same manner as opposite-sex dating relationships and displays of affection; (2) students will not be punished for coming out as LGBTQ+ or for expressing their sexual or gender identity (through pronouns, clothing, hair, makeup, etc.); (3) Toccoa Falls will not encourage or facilitate conversion therapy or any other sexual or gender orientation change efforts; (4) students who report sexual or physical assault will be granted safe harbor from discipline relating to sexual activity or other code of conduct violations; and (5) Toccoa Falls' non-discrimination policy includes sexual orientation and gender identity as applied to all aspects of Toccoa Falls, including housing and other programs.

- 12. We cannot accept your complaint if it has not been signed. Please sign and date your complaint below.

07/23/2021

(Date)

Jul 23, 2021

(Date)



(Signature)

Natalie Carter
Natalie Carter (Jul 23, 2021 19:21 EDT)

(Signature of person in Item 2)

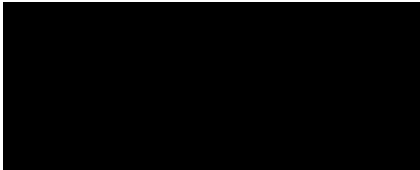
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DISCRIMINATION COMPLAINT FORM
to the
United States Department of Education
Office for Civil Rights

1. Name of person filing this complaint:

Last Name, First, Middle	<u>Swain, Lauren</u>
Address:	<u>8532 N. Ivanhoe St., #208</u>
City, State, Zip Code:	<u>Portland, OR 97203</u>
Home/Work Telephone:	
Email Address:	<u>lauren@paulsouthwick.com</u>

2. Name of person discriminated against (if **other** than person filing). If the person discriminated against is age 18 or older, we will need that person's signature on this complaint form and the consent/release form before we can proceed with this complaint. If the person is a minor, and you do not have the legal authority to file a complaint on the student's behalf, the signature of the child's parent or legal guardian is required.

Last Name, First, Middle	<u>Craig, Saren</u>
Address:	
City, State, Zip Code:	
Home/Work Telephone:	
Email Address:	

3. OCR investigates discrimination complaints against institutions and agencies which receive funds from the U.S. Department of Education and against public educational entities and libraries that are subject to the provisions of Title II of the Americans with Disabilities Act. Please identify the institution or agency that engaged in the alleged discrimination. If we cannot accept your complaint, we will attempt to refer it to the appropriate agency and will notify you of that fact.

Name of Institution:	<u>College of the Ozarks (C of O)</u>
Address:	<u>100 Opportunity Ave.</u>
City, State, Zip Code:	<u>Point Lookout, MO, 65726</u>
Department/School:	

4. The regulations OCR enforces prohibit discrimination on the basis of race, color, national origin, sex, disability, age or retaliation. Please indicate the basis of your complaint:

- Discrimination **based on sex (specify)**

Discrimination on the basis of sexual orientation and gender identity

Page 2 of 4 – U.S. Department of Education, Office for Civil Rights Discrimination
Complaint Form, Consent Form, and Complaint Processing Procedures

5. Please describe each alleged discriminatory act. For each action, please include the date(s) the discriminatory act occurred, the name(s) of each person(s) involved and, why you believe the discrimination was because of race, disability, age, sex, etc. Also please provide the names of any person(s) who was present and witnessed the act(s) of discrimination.

C of O publishes policies that discriminate against LGBT people. A gay student killed himself in a C of O dean's garage after receiving messages of rejection from his campus community. C of O's current policy on sexual orientation and gender identity states:

College of the Ozarks is guided by a long-standing traditional, biblical worldview which reflects the understanding that human sexuality is a gift from God, and that: sex assigned at birth is a person's God-given, objective gender, whether or not it differs from their internal sense of "gender identity" (Genesis 1:27; Leviticus 18:22; Matthew 19:4; Romans 1:26-27; 1 Corinthians 6:9-10); sexual relations are for the purpose of the procreation of human life and the uniting and strengthening of the marital bond in self-giving love, purposes that are to be achieved solely through heterosexual relationships in marriage (Genesis 1:28; 2:24; Exodus 20:14; Proverbs 5:15-23; Matthew 19:5; 1 Corinthians 6:12-20, 7:2-5; 1 Thessalonians 4:3).

Misuses of God's gift of human sexuality will be understood to include, but not be limited to gender expression inconsistent with sex assigned at birth (transgender), gender transition, sexual abuse, sexual harassment, sexual assault, heterosexual misconduct, homosexual conduct, or possession of pornographic materials. In addition, the College considers indiscreet public display of affection as inappropriate behavior...Toward this end, the College may subject to disciplinary action any employee or student who engages in or encourages:

1. Gender expression inconsistent with sex assigned at birth;

2. Gender transition;

3. Sexual relations with a person other than his/her spouse;

4. Sexual relations with a person of the same sex;

5. Touching, caressing, and other physical conduct of a sexual nature with a person of the same sex;

6. Touching, caressing, and other physical conduct of a sexual nature with a person of the opposite sex that is inappropriate to the time and place in which it occurs .

Disciplinary action may include disciplinary dismissal.

While Saren attended C of O, one of C of O's counselors came to their class and told students that if there was something in their past that they wanted to discuss, they could come and talk with her. Saren took the counselor up on her offer. In the course of the counseling, Saren informed the counselor that they were queer. Saren's campus counselor told Saren that their queerness was the result of their past abuse. This message from the counselor compounded the harm done by the abuse and caused Saren to become very depressed. Saren experienced this counseling as psychological abuse that increased their shame around sexuality. Saren eventually had to stop attending class at C of O because of their depression.

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Complaint Form, Consent Form, and Complaint Processing Procedures

6. What is the most **recent date** you were discriminated against?

Date: Current, Ongoing

7. If this date is **more than 180 days ago**, you may request a waiver of the filing requirement.

I am requesting a waiver of the 180-day time frame for filing this complaint.

Please explain why you waited until now to file your complaint.

- 1) the Covid-19 pandemic;
- 2) The Trump administration's policies and statements about religious exemptions to Title IX;
- 3) The Trump administration's policies and statements about Title IX not prohibiting discrimination on the basis of sexual orientation or gender identity.
- 4) Although the initial act of discrimination took place more than 180 days ago, Saren's complaint should not be considered time-barred because C of O continues to discriminate against Saren and to promulgate policies and practices that discriminate against LGBTQ+ students.

8. Have you attempted to resolve these allegations with the institution through an internal grievance procedure, appeal or due process hearing?

No

9. If the allegations contained in this complaint have been filed with any other Federal, state or local civil rights agency, or any Federal or state court, please give details and dates. We will determine whether it is appropriate to investigate your complaint based upon the specific allegations of your complaint and the actions taken by the other agency or court.

Agency or Court: U.S. District Court - District of Oregon - Eugene Division

Date Filed: 03/29/21

Case Number or Reference: 6:21-cv-00474-AA

Results of Investigations/Findings by Agency or Court: Pending

10. If we cannot reach you at your home or work, we would like to have the name and telephone number of another person (relative or friend) who knows where and when we can reach you. This information **is not required**, but it will be helpful to us.

Not applicable

Page 4 of 4 – U.S. Department of Education, Office for Civil Rights Discrimination Complaint Form, Consent Form, and Complaint Processing Procedures

11. What would you like the institution to do as a result of your complaint — what remedy are you seeking?

Saren would like C of O's policies amended to state that (1) same-sex dating relationships and displays of affection will be treated by C of O in the same manner as opposite-sex dating relationships and displays of affection; (2) students will not be punished for coming out as LGBTQ+ or for expressing their sexual or gender identity (through pronouns, clothing, hair, makeup, etc.); (3) C of O will not encourage or facilitate conversion therapy or any other sexual or gender orientation change efforts; (4) students who report sexual or physical assault will be granted safe harbor from discipline relating to sexual activity or other code of conduct violations; and (5) C of O's non-discrimination policy includes sexual orientation and gender identity as applied to all aspects of Ozarks, including housing and other programs.

12. We cannot accept your complaint if it has not been signed. Please sign and date your complaint below.

07/24/21

(Date)

Jul 24, 2021

(Date)



(Signature)

Saren Craig

Saren Craig (Jul 24, 2021)

(Signature)

https://
adobecancelledaccountschannel.na3.documents.adobe.co
m/verifier?
tx=CBJCHBCAABAAJK2RzRdYCp2yv9TwZk4PgxO-
AOMkLXJx

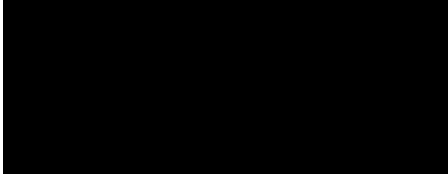
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Complaint Form, Consent Form, and Complaint Processing Procedures

DISCRIMINATION COMPLAINT FORM
to the
United States Department of Education
Office for Civil Rights

1. Name of person filing this complaint:

Last Name, First, Middle	<u>Swain, Lauren L.</u>
Address:	<u>8532 N. Ivanhoe St., #208</u>
City, State, Zip Code:	<u>Portland, OR 97203</u>
Home/Work Telephone:	
Email Address:	<u>lauren@paulsouthwick.com</u>

2. Name of person discriminated against (if **other** than person filing). If the person discriminated against is age 18 or older, we will need that person's signature on this complaint form and the consent/release form before we can proceed with this complaint. If the person is a minor, and you do not have the legal authority to file a complaint on the student's behalf, the signature of the child's parent or legal guardian is required.

Last Name, First, Middle	<u>Alex Duron</u>
Address:	
City, State, Zip Code:	
Home/Work Telephone:	
Email Address:	

3. OCR investigates discrimination complaints against institutions and agencies which receive funds from the U.S. Department of Education and against public educational entities and libraries that are subject to the provisions of Title II of the Americans with Disabilities Act. Please identify the institution or agency that engaged in the alleged discrimination. If we cannot accept your complaint, we will attempt to refer it to the appropriate agency and will notify you of that fact.

Name of Institution:	<u>Union University</u>
Address:	<u>1050 Union University Dr.</u>
City, State, Zip Code:	<u>Jackson, TN 38305</u>
Department/School:	

4. The regulations OCR enforces prohibit discrimination on the basis of race, color, national origin, sex, disability, age or retaliation. Please indicate the basis of your complaint:

- Discrimination **based on sex (specify)**

Discrimination on the basis of sexual orientation

Page 2 of 4 – U.S. Department of Education, Office for Civil Rights Discrimination
Complaint Form, Consent Form, and Complaint Processing Procedures

5. Please describe each alleged discriminatory act. For each action, please include the date(s) the discriminatory act occurred, the name(s) of each person(s) involved and, why you believe the discrimination was because of race, disability, age, sex, etc. Also please provide the names of any person(s) who was present and witnessed the act(s) of discrimination.

Alex applied to Union and was admitted for the Fall 2020 term. However, a few weeks before he was due to begin, Union revoked his admission upon learning of his sexual orientation. See attached declaration.

6. What is the most **recent date** you were discriminated against?

Date: Current, Ongoing

7. If this date is **more than 180 days ago**, you may request a waiver of the filing requirement.

X I am requesting a waiver of the 180-day time frame for filing this complaint.

Please explain why you waited until now to file your complaint.

- 1) the Covid-19 pandemic;
2) The Trump administration's policies and statements about religious exemptions to Title IX;
3) The Trump administration's policies and statements about Title IX not prohibiting discrimination on the basis of sexual orientation or gender identity.
4) The discrimination against Alex remains ongoing, as his sexual orientation prevents him from being admitted to Union University. Although the initial act of discrimination took place more than 180 days ago, Alex's complaint should not be considered time-barred because of the ongoing discrimination.

8. Have you attempted to resolve these allegations with the institution through an internal grievance procedure, appeal or due process hearing?

x No

If you answered **yes**, please describe the allegations in your grievance or hearing, identify the date you filed it, and tell us the status. If possible, please provide us with a copy of your grievance or appeal or due process request and, if completed, the decision in the matter.

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- 9. If the allegations contained in this complaint have been filed with any other Federal, state or local civil rights agency, or any Federal or state court, please give details and dates. We will determine whether it is appropriate to investigate your complaint based upon the specific allegations of your complaint and the actions taken by the other agency or court.

Agency or Court: U.S. District Court - District of Oregon - Eugene Division

Date Filed: 03/29/21

Case Number or Reference: 6:21-cv-00474-AA

Results of Investigations/Findings by Agency or Court: Pending

- 10. If we cannot reach you at your home or work, we would like to have the name and telephone number of another person (relative or friend) who knows where and when we can reach you. This information **is not required**, but it will be helpful to us.

Not applicable

- 11. What would you like the institution to do as a result of your complaint — what remedy are you seeking?

Alex would like Union University's policies amended to state that (1) same-sex dating relationships and displays of affection will be treated by Union in the same manner as opposite-sex dating relationships and displays of affection; (2) students will not be punished for coming out as LGBTQ+ or for expressing their sexual or gender identity (through pronouns, clothing, hair, makeup, etc.); (3) Union will not encourage or facilitate conversion therapy or any other sexual or gender orientation change efforts; (4) students who report sexual or physical assault will be granted safe harbor from discipline relating to sexual activity or other code of conduct violations; and (5) Union's non-discrimination policy includes sexual orientation and gender identity as applied to all aspects of Union, including housing and other programs.

Compensation for emotional distress and economic consequences of revocation of acceptance.

- 12. We cannot accept your complaint if it has not been signed. Please sign and date your complaint below.

07/07/2021

(Date)

Jul 8, 2021

(Date)



(Signature)

Alex Duron

Alex Duron (Jul 8, 2021 13:37 PDT)

(Signature of person in Item 2)

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Complaint Form, Consent Form, and Complaint Processing Procedures

DISCRIMINATION COMPLAINT FORM
to the
United States Department of Education
Office for Civil Rights

1. Name of person filing this complaint:

Last Name, First, Middle	<u>Swain, Lauren L.</u>
Address:	<u>8532 N. Ivanhoe St., #208</u>
City, State, Zip Code:	<u>Portland, OR 97203</u>
Home/Work Telephone:	
Email Address:	<u>lauren@paulsouthwick.com</u>

2. Name of person discriminated against (if **other** than person filing). If the person discriminated against is age 18 or older, we will need that person's signature on this complaint form and the consent/release form before we can proceed with this complaint. If the person is a minor, and you do not have the legal authority to file a complaint on the student's behalf, the signature of the child's parent or legal guardian is required.

Last Name, First, Middle	<u>Mortimer Halligan</u>
Address:	
City, State, Zip Code:	
Home/Work Telephone:	
Email Address:	

3. OCR investigates discrimination complaints against institutions and agencies which receive funds from the U.S. Department of Education and against public educational entities and libraries that are subject to the provisions of Title II of the Americans with Disabilities Act. Please identify the institution or agency that engaged in the alleged discrimination. If we cannot accept your complaint, we will attempt to refer it to the appropriate agency and will notify you of that fact.

Name of Institution:	<u>Indiana Wesleyan University</u>
Address:	<u>4201 Washington Street</u>
City, State, Zip Code:	<u>Marion, IN 46953</u>
Department/School:	<u>n/a</u>

4. The regulations OCR enforces prohibit discrimination on the basis of race, color, national origin, sex, disability, age or retaliation. Please indicate the basis of your complaint:

Discrimination **based on sex (specify)**

Discrimination on the basis of gender identity and sexual orientation

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Complaint Form, Consent Form, and Complaint Processing Procedures

5. Please describe each alleged discriminatory act. For each action, please include the date(s) the discriminatory act occurred, the name(s) of each person(s) involved and, why you believe the discrimination was because of race, disability, age, sex, etc. Also please provide the names of any person(s) who was present and witnessed the act(s) of discrimination.

Mortimer Halligan is a first-generation college student. They currently attend Indiana Wesleyan University (IWU). Mortimer applied to IWU knowing little about colleges. They chose IWU because Mortimer's church youth group staged an event on the IWU campus.

IWU has a comprehensive statement on human sexuality in its student handbook. The student handbook states:

- God's plan for marriage and sexual fulfillment can only be found within the context of marriage between one man and one woman.
- Students must refrain from inappropriate relationships outside of a marriage between a man and a woman.
- Sexual relationships between persons of the same sex are immoral and sinful.
- Students are able to overcome the temptation to engage in same-sex romantic relationships and practices.

The student handbook also encourages students who are struggling with issues of sexuality to write an email to an address that is "monitored by the executive director of the office of intercultural learning and engagement".

Mortimer is a member of a group of students who are attempting to start a queer/straight alliance at IWU. The school does not recognize their student group, so they cannot recruit or receive funds for their group. Additionally, their group must meet off-campus for security reasons.

The group constantly faces harassment from other IWU students and alumni. The harassment includes (1) an alumna directly harassing students through social media, (2) students destroying resources posted by the group about a suicide hotline, and (3) students and alumni at IWU subjecting LGBTQ+ students to slurs and harassment. IWU refuses to confront this harassment, despite repeated complaints by LGBTQ+ students.

IWU also disciplines LGBTQ+ students for expressing their sexual and/or gender identities (e.g. coming out as queer, dating someone of the same-sex, wearing certain clothing, etc.).

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IWU's actions and failures to act make campus unsafe for IWU students who are part of the LGBTQ+ community.

6. What is the most **recent date** you were discriminated against?

Date: Current, Ongoing

7. If this date is **more than 180 days ago**, you may request a waiver of the filing requirement.

n/a

Please explain why you waited until now to file your complaint.

n/a

8. Have you attempted to resolve these allegations with the institution through an internal grievance procedure, appeal or due process hearing?

no

If you answered **yes**, please describe the allegations in your grievance or hearing, identify the date you filed it, and tell us the status. If possible, please provide us with a copy of your grievance or appeal or due process request and, if completed, the decision in the matter.

n/a

9. If the allegations contained in this complaint have been filed with any other Federal, state or local civil rights agency, or any Federal or state court, please give details and dates. We will determine whether it is appropriate to investigate your complaint based upon the specific allegations of your complaint and the actions taken by the other agency or court.

n/a

10. If we cannot reach you at your home or work, we would like to have the name and telephone number of another person (relative or friend) who knows where and when we can reach you. This information **is not required**, but it will be helpful to us.

Not applicable

11. What would you like the institution to do as a result of your complaint — what remedy are you seeking?

Mortimer would like themselves and their fellow students to feel safe on campus.

They would like IWU to recognize the Queer/Straight Alliance.

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Mortimer would like IWU's policies amended to state that (1) same-sex dating relationships and displays of affection will be treated by IWU in the same manner as opposite-sex dating relationships and displays of affection; (2) students will not be punished for coming out as LGBTQ+ or for expressing their sexual or gender identity (through pronouns, clothing, hair, makeup, etc.); (3) IWU will not encourage or facilitate conversion therapy or any other sexual or gender orientation change efforts; (4) students who report sexual or physical assault will be granted safe harbor from discipline relating to sexual activity or other code of conduct violations; and (5) IWU's non-discrimination policy includes sexual orientation and gender identity as applied to all aspects of IWU, including housing and athletics.

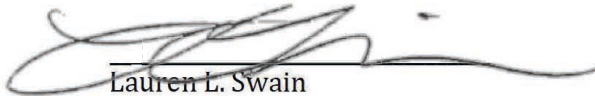
12. We cannot accept your complaint if it has not been signed. Please sign and date your complaint below.

6/17/21

(Date)

Jun 20, 2021

(Date)



Lauren L. Swain



Mortimer Halligan (Jun 20, 2021 17:31 EDT)

Mortimer Halligan

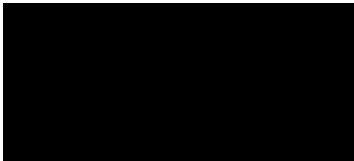
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Complaint Form, Consent Form, and Complaint Processing Procedures

DISCRIMINATION COMPLAINT FORM
to the
United States Department of Education
Office for Civil Rights

1. Name of person filing this complaint:

Last Name, First, Middle	<u>Swain, Lauren</u>
Address:	<u>8532 N. Ivanhoe St., #208</u>
City, State, Zip Code:	<u>Portland, OR 97203</u>
Home/Work Telephone:	
Email Address:	<u>lauren@paulsouthwick.com</u>

2. Name of person discriminated against (if **other** than person filing). If the person discriminated against is age 18 or older, we will need that person's signature on this complaint form and the consent/release form before we can proceed with this complaint. If the person is a minor, and you do not have the legal authority to file a complaint on the student's behalf, the signature of the child's parent or legal guardian is required.

Last Name, First, Middle	<u>Held, Rachel</u>
Address:	
City, State, Zip Code:	
Home/Work Telephone:	
Email Address:	

3. OCR investigates discrimination complaints against institutions and agencies which receive funds from the U.S. Department of Education and against public educational entities and libraries that are subject to the provisions of Title II of the Americans with Disabilities Act. Please identify the institution or agency that engaged in the alleged discrimination. If we cannot accept your complaint, we will attempt to refer it to the appropriate agency and will notify you of that fact.

Name of Institution:	<u>Messiah University</u>
Address:	<u>1 University Ave.</u>
City, State, Zip Code:	<u>Mechanicsburg, PA, 17055</u>
Department/School:	

4. The regulations OCR enforces prohibit discrimination on the basis of race, color, national origin, sex, disability, age or retaliation. Please indicate the basis of your complaint:

- Discrimination **based on sex (specify)**

Discrimination on the basis of sexual orientation

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5. Please describe each alleged discriminatory act. For each action, please include the date(s) the discriminatory act occurred, the name(s) of each person(s) involved and, why you believe the discrimination was because of race, disability, age, sex, etc. Also please provide the names of any person(s) who was present and witnessed the act(s) of discrimination.

Rachel feared discipline and dismissal by the administration, and mistreatment by peers if they were to express their orientation as a bisexual woman because Messiah's policies state that students with same-sex attraction are expected to refrain from expressing it and because Messiah's policies encourage students to report on other student's behavior. See attached declaration.

6. What is the most **recent date** you were discriminated against?

Date: Current, Ongoing

7. If this date is **more than 180 days ago**, you may request a waiver of the filing requirement.

I am requesting a waiver of the 180-day time frame for filing this complaint.

Please explain why you waited until now to file your complaint.

- 1) the Covid-19 pandemic;
2) The Trump administration's policies and statements about religious exemptions to Title IX;
3) The Trump administration's policies and statements about Title IX not prohibiting discrimination on the basis of sexual orientation or gender identity.
4) Although the initial act of discrimination took place more than 180 days ago, Rachel's complaint should not be considered time-barred because Messiah continues to discriminate against Rachel and to promulgate policies and practices that discriminate against LGBTQ+ students.

8. Have you attempted to resolve these allegations with the institution through an internal grievance procedure, appeal or due process hearing?

No

9. If the allegations contained in this complaint have been filed with any other Federal, state or local civil rights agency, or any Federal or state court, please give details and dates. We will determine whether it is appropriate to investigate your complaint based upon the specific allegations of your complaint and the actions taken by the other agency or court.

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Agency or Court: U.S. District Court - District of Oregon - Eugene Division

Date Filed: 03/29/21

Case Number or Reference: 6:21-cv-00474-AA

Results of Investigations/Findings by Agency or Court: Pending

- 10. If we cannot reach you at your home or work, we would like to have the name and telephone number of another person (relative or friend) who knows where and when we can reach you. This information **is not required**, but it will be helpful to us.

Not applicable

- 11. What would you like the institution to do as a result of your complaint — what remedy are you seeking?

Rachel would like Messiah’s policies amended to state that (1) same-sex dating relationships and displays of affection will be treated by Messiah in the same manner as opposite-sex dating relationships and displays of affection; (2) students will not be punished for coming out as LGBTQ+ or for expressing their sexual or gender identity (through pronouns, clothing, hair, makeup, etc.); (3) Messiah will not encourage or facilitate conversion therapy or any other sexual or gender orientation change efforts; (4) students who report sexual or physical assault will be granted safe harbor from discipline relating to sexual activity or other code of conduct violations; and (5) Messiah’s non-discrimination policy includes sexual orientation and gender identity as applied to all aspects of Messiah, including housing and other programs.

- 12. We cannot accept your complaint if it has not been signed. Please sign and date your complaint below.

07/24/21

(Date)

Jul 24, 2021

(Date)



(Signature)


Rachel Held (Jul 24, 2021 15:15 EDT)

(Signature of person in Item 2)

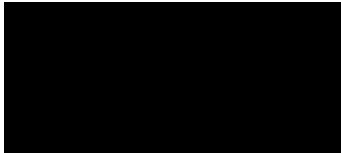
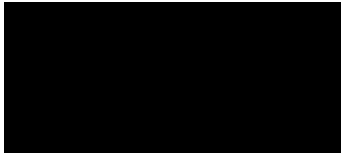
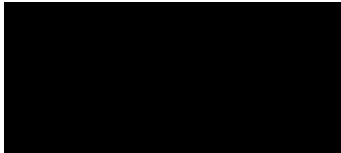
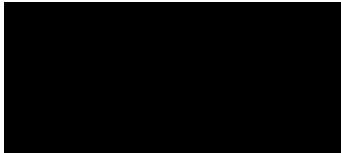
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Complaint Form, Consent Form, and Complaint Processing Procedures

DISCRIMINATION COMPLAINT FORM
to the
United States Department of Education
Office for Civil Rights

1. Name of person filing this complaint:

Last Name, First, Middle Swain, Lauren
Address: 8532 N. Ivanhoe St., #208
City, State, Zip Code: Portland, OR 97203
Home/Work Telephone: 
Email Address: lauren@paulsouthwick.com

2. Name of person discriminated against (if **other** than person filing). If the person discriminated against is age 18 or older, we will need that person's signature on this complaint form and the consent/release form before we can proceed with this complaint. If the person is a minor, and you do not have the legal authority to file a complaint on the student's behalf, the signature of the child's parent or legal guardian is required.

Last Name, First, Middle Hoekstra, Lauren
Address: 
City, State, Zip Code: 
Home/Work Telephone: 
Email Address: 

3. OCR investigates discrimination complaints against institutions and agencies which receive funds from the U.S. Department of Education and against public educational entities and libraries that are subject to the provisions of Title II of the Americans with Disabilities Act. Please identify the institution or agency that engaged in the alleged discrimination. If we cannot accept your complaint, we will attempt to refer it to the appropriate agency and will notify you of that fact.

Name of Institution: Dordt University
Address: 700 7th St. NE
City, State, Zip Code: Sioux Center, IA, 51250
Department/School:

4. The regulations OCR enforces prohibit discrimination on the basis of race, color, national origin, sex, disability, age or retaliation. Please indicate the basis of your complaint:

- Discrimination **based on sex (specify)**

Discrimination on the basis of sexual orientation.

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5. Please describe each alleged discriminatory act. For each action, please include the date(s) the discriminatory act occurred, the name(s) of each person(s) involved and, why you believe the discrimination was because of race, disability, age, sex, etc. Also please provide the names of any person(s) who was present and witnessed the act(s) of discrimination.

Dordt publishes anti-LGBT policies in its student handbook, including a prohibition on advocacy for LGBT rights. Dordt's policy states that students can be expelled for forbidden behavior. Because Lauren chose to come out as a lesbian, she fears discrimination on the part of some of her professors and does not felt safe and accepted at Dordt because of its policies. See attached declaration.

6. What is the most **recent date** you were discriminated against?

Date: Current, Ongoing

7. If this date is **more than 180 days ago**, you may request a waiver of the filing requirement.

I am requesting a waiver of the 180-day time frame for filing this complaint.

Please explain why you waited until now to file your complaint.

1) the Covid-19 pandemic;
2) The Trump administration's policies and statements about religious exemptions to Title IX;
3) The Trump administration's policies and statements about Title IX not prohibiting discrimination on the basis of sexual orientation or gender identity.
4) Although the initial act of discrimination took place more than 180 days ago, Lauren's complaint should not be considered time-barred because Dordt continues to discriminate against Lauren and to promulgate policies and practices that discriminate against LGBTQ+ students.

8. Have you attempted to resolve these allegations with the institution through an internal grievance procedure, appeal or due process hearing?

Yes

If you answered **yes**, please describe the allegations in your grievance or hearing, identify the date you filed it, and tell us the status. If possible, please provide us with a copy of your grievance or appeal or due process request and, if completed, the decision in the matter.

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See attached declaration.

- 9. If the allegations contained in this complaint have been filed with any other Federal, state or local civil rights agency, or any Federal or state court, please give details and dates. We will determine whether it is appropriate to investigate your complaint based upon the specific allegations of your complaint and the actions taken by the other agency or court.

Agency or Court: U.S. District Court - District of Oregon - Eugene Division

Date Filed: 03/29/21

Case Number or Reference: 6:21-cv-00474-AA

Results of Investigations/Findings by Agency or Court: Pending

- 10. If we cannot reach you at your home or work, we would like to have the name and telephone number of another person (relative or friend) who knows where and when we can reach you. This information **is not required**, but it will be helpful to us.

Not applicable

- 11. What would you like the institution to do as a result of your complaint — what remedy are you seeking?

Lauren would like Dordt’s policies amended to state that (1) same-sex dating relationships and displays of affection will be treated by Dordt in the same manner as opposite-sex dating relationships and displays of affection; (2) students will not be punished for coming out as LGBTQ+ or for expressing their sexual or gender identity (through pronouns, clothing, hair, makeup, etc.); (3) Dordt will not encourage or facilitate conversion therapy or any other sexual or gender orientation change efforts; (4) students who report sexual or physical assault will be granted safe harbor from discipline relating to sexual activity or other code of conduct violations; and (5) Dordt’s non-discrimination policy includes sexual orientation and gender identity as applied to all aspects of Dordt, including housing and other programs.


- 12. We cannot accept your complaint if it has not been signed. Please sign and date your complaint below.

07/23/2021

(Date)

Jul 26, 2021

(Date)



(Signature)

Lauren G. Hoekstra


Lauren G. Hoekstra (Jul 26, 2021 11:17 CDT)

(Signature of person in Item 2)

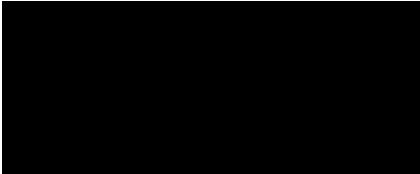
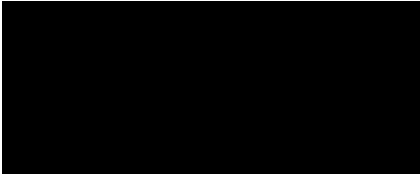
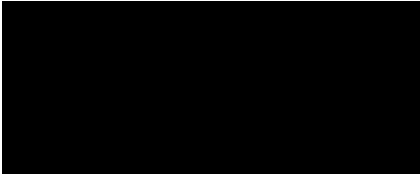
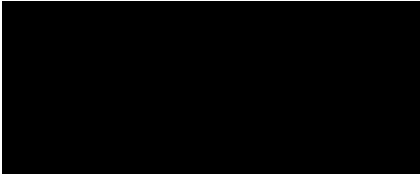
Page 1 of 4 – U.S. Department of Education, Office for Civil Rights Discrimination Complaint Form, Consent Form, and Complaint Processing Procedures

DISCRIMINATION COMPLAINT FORM
to the
United States Department of Education
Office for Civil Rights

1. Name of person filing this complaint:

Last Name, First, Middle Swain, Lauren
Address: 8532 N. Ivanhoe St., #208
City, State, Zip Code: Portland, OR 97203
Home/Work Telephone: 
Email Address: lauren@paulsouthwick.com

2. Name of person discriminated against (if **other** than person filing). If the person discriminated against is age 18 or older, we will need that person's signature on this complaint form and the consent/release form before we can proceed with this complaint. If the person is a minor, and you do not have the legal authority to file a complaint on the student's behalf, the signature of the child's parent or legal guardian is required.

Last Name, First, Middle Horning, Chandler
Address: 
City, State, Zip Code: 
Home/Work Telephone: 
Email Address: 

3. OCR investigates discrimination complaints against institutions and agencies which receive funds from the U.S. Department of Education and against public educational entities and libraries that are subject to the provisions of Title II of the Americans with Disabilities Act. Please identify the institution or agency that engaged in the alleged discrimination. If we cannot accept your complaint, we will attempt to refer it to the appropriate agency and will notify you of that fact.

Name of Institution: Brigham Young University - Idaho (BYU-I)
Address: 525 Center St.
City, State, Zip Code: Rexburg, ID, 83460
Department/School:

4. The regulations OCR enforces prohibit discrimination on the basis of race, color, national origin, sex, disability, age or retaliation. Please indicate the basis of your complaint:

Discrimination **based on sex (specify)**

Discrimination on the basis of sexual orientation

Page 2 of 4 – U.S. Department of Education, Office for Civil Rights Discrimination
Complaint Form, Consent Form, and Complaint Processing Procedures

5. Please describe each alleged discriminatory act. For each action, please include the date(s) the discriminatory act occurred, the name(s) of each person(s) involved and, why you believe the discrimination was because of race, disability, age, sex, etc. Also please provide the names of any person(s) who was present and witnessed the act(s) of discrimination.

BYU-I withdrew its policy banning same-sex romantic behavior in February 2020, but reinstated it a few weeks later, when a commissioner from the LDS church sent out a letter stating that same-sex romantic behavior is "not compatible with the principles included in the honor code." Chandler could not express his sexual orientation and lived in fear of being expelled and removed from his university housing based on BYU-I's anti-LGBT policies. A faculty member held a "therapy" group for LGBT students trying to come to peace with marrying someone of the opposite sex. Please see attached declaration.

6. What is the most **recent date** you were discriminated against?

Date: Current, Ongoing

7. If this date is **more than 180 days ago**, you may request a waiver of the filing requirement.

X I am requesting a waiver of the 180-day time frame for filing this complaint.

Please explain why you waited until now to file your complaint.

1) the Covid-19 pandemic;
2) The Trump administration's policies and statements about religious exemptions to Title IX;
3) The Trump administration's policies and statements about Title IX not prohibiting discrimination on the basis of sexual orientation or gender identity.
4) Although the initial act of discrimination took place more than 180 days ago, Chandler's complaint should not be considered time-barred because BYU-I continues to discriminate against Chandler and to promulgate policies and practices that discriminate against LGBTQ+ students.

8. Have you attempted to resolve these allegations with the institution through an internal grievance procedure, appeal or due process hearing?

No

Page 3 of 4 – U.S. Department of Education, Office for Civil Rights Discrimination Complaint Form, Consent Form, and Complaint Processing Procedures

- 9. If the allegations contained in this complaint have been filed with any other Federal, state or local civil rights agency, or any Federal or state court, please give details and dates. We will determine whether it is appropriate to investigate your complaint based upon the specific allegations of your complaint and the actions taken by the other agency or court.

Agency or Court: U.S. District Court - District of Oregon - Eugene Division

Date Filed: 03/29/21

Case Number or Reference: 6:21-cv-00474-AA

Results of Investigations/Findings by Agency or Court: Pending

- 10. If we cannot reach you at your home or work, we would like to have the name and telephone number of another person (relative or friend) who knows where and when we can reach you. This information **is not required**, but it will be helpful to us.

Not applicable

- 11. What would you like the institution to do as a result of your complaint — what remedy are you seeking?

Chandler would like BYU-I 's policies amended to state that (1) same-sex dating relationships and displays of affection will be treated by BYU-I in the same manner as opposite-sex dating relationships and displays of affection; (2) students will not be punished for coming out as LGBTQ+ or for expressing their sexual or gender identity (through pronouns, clothing, hair, makeup, etc.); (3) BYU-I will not encourage or facilitate conversion therapy or any other sexual or gender orientation change efforts; (4) students who report sexual or physical assault will be granted safe harbor from discipline relating to sexual activity or other code of conduct violations; and (5) BYU-I 's non-discrimination policy includes sexual orientation and gender identity as applied to all aspects of Brigham Young, including housing and other programs.

- 12. We cannot accept your complaint if it has not been signed. Please sign and date your complaint below.

07/24/21

(Date)

Jul 24, 2021

(Date)



(Signature)

Chandler Lee Horning (Jul 24, 2021 12:28 MDT)

(Signature of person in Item 2)

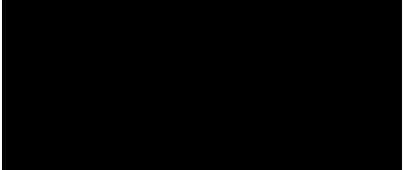
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DISCRIMINATION COMPLAINT FORM
to the
United States Department of Education
Office for Civil Rights

1. Name of person filing this complaint:

Last Name, First, Middle	<u>Swain, Lauren</u>
Address:	<u>8532 N. Ivanhoe St., #208</u>
City, State, Zip Code:	<u>Portland, OR 97203</u>
Home/Work Telephone:	
Email Address:	<u>lauren@paulsouthwick.com</u>

2. Name of person discriminated against (if **other** than person filing). If the person discriminated against is age 18 or older, we will need that person's signature on this complaint form and the consent/release form before we can proceed with this complaint. If the person is a minor, and you do not have the legal authority to file a complaint on the student's behalf, the signature of the child's parent or legal guardian is required.

Last Name, First, Middle	<u>Hunter, Elizabeth</u>
Address:	
City, State, Zip Code:	
Home/Work Telephone:	
Email Address:	

3. OCR investigates discrimination complaints against institutions and agencies which receive funds from the U.S. Department of Education and against public educational entities and libraries that are subject to the provisions of Title II of the Americans with Disabilities Act. Please identify the institution or agency that engaged in the alleged discrimination. If we cannot accept your complaint, we will attempt to refer it to the appropriate agency and will notify you of that fact.

Name of Institution:	<u>Bob Jones University (BJU)</u>
Address:	<u>1700 Wade Hampton Blvd.</u>
City, State, Zip Code:	<u>Greenville, SC, 29614</u>
Department/School:	

4. The regulations OCR enforces prohibit discrimination on the basis of race, color, national origin, sex, disability, age or retaliation. Please indicate the basis of your complaint:

Discrimination **based on sex (specify)**

Discrimination on the basis of (sexual orientation, gender identity and/or marital status)

Page 2 of 4 – U.S. Department of Education, Office for Civil Rights Discrimination
Complaint Form, Consent Form, and Complaint Processing Procedures

5. Please describe each alleged discriminatory act. For each action, please include the date(s) the discriminatory act occurred, the name(s) of each person(s) involved and, why you believe the discrimination was because of race, disability, age, sex, etc. Also please provide the names of any person(s) who was present and witnessed the act(s) of discrimination.

BJU publishes anti-LGBT policies in its student handbook, including a prohibition on students advocating for LGBT rights on social media. School staff disciplined Elizabeth for posting pro-LGBT material on social media and tried to force her to admit her sexual orientation during a long meeting. They asked her to disavow her support for LGBT rights and relationships, then put her on probation for refusing to do so. As a result, Elizabeth felt she could not express her views about LGBT rights and that she must hide her sexual orientation for the remainder of her time at BJU. See attached declaration.

6. What is the most **recent date** you were discriminated against?

Date: Current, Ongoing

7. If this date is **more than 180 days ago**, you may request a waiver of the filing requirement.

I am requesting a waiver of the 180-day time frame for filing this complaint.

Please explain why you waited until now to file your complaint.

- 1) the Covid-19 pandemic;
- 2) The Trump administration's policies and statements about religious exemptions to Title IX;
- 3) The Trump administration's policies and statements about Title IX not prohibiting discrimination on the basis of sexual orientation or gender identity.
- 4) Although the initial act of discrimination took place more than 180 days ago, Elizabeth's complaint should not be considered time-barred because Bob Jones continues to discriminate against Elizabeth and to promulgate policies and practices that discriminate against LGBTQ+ students.

8. Have you attempted to resolve these allegations with the institution through an internal grievance procedure, appeal or due process hearing?

No

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- 9. If the allegations contained in this complaint have been filed with any other Federal, state or local civil rights agency, or any Federal or state court, please give details and dates. We will determine whether it is appropriate to investigate your complaint based upon the specific allegations of your complaint and the actions taken by the other agency or court.

Agency or Court: U.S. District Court - District of Oregon - Eugene Division

Date Filed: 03/29/21

Case Number or Reference: 6:21-cv-00474-AA

Results of Investigations/Findings by Agency or Court: Pending

- 10. If we cannot reach you at your home or work, we would like to have the name and telephone number of another person (relative or friend) who knows where and when we can reach you. This information **is not required**, but it will be helpful to us.

Not applicable

- 11. What would you like the institution to do as a result of your complaint — what remedy are you seeking?

Elizabeth would also like Bob Jones’s policies amended to state that (1) same-sex dating relationships and displays of affection will be treated by Bob Jones in the same manner as opposite-sex dating relationships and displays of affection; (2) students will not be punished for coming out as LGBTQ+ or for expressing their sexual or gender identity (through pronouns, clothing, hair, makeup, etc.); (3) Bob Jones will not encourage or facilitate conversion therapy or any other sexual or gender orientation change efforts; (4) students who report sexual or physical assault will be granted safe harbor from discipline relating to sexual activity or other code of conduct violations; and (5) Bob Jones’s non-discrimination policy includes sexual orientation and gender identity as applied to all aspects of Bob Jones, including housing and other programs.

- 12. We cannot accept your complaint if it has not been signed. Please sign and date your complaint below.

07/24/21

(Date)

Jul 24, 2021

(Date)



(Signature)


Fakh Hunter (Jul 24, 2021 14:49 EDT)

(Signature of person in Item 2)





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**DISCRIMINATION COMPLAINT FORM
to the
United States Department of Education
Office for Civil Rights**

1. Name of person filing this complaint:

Last Name, First, Middle Swain, Lauren
Address: 8532 N. Ivanhoe St., #208
City, State, Zip Code: Portland, OR 97203
Home/Work Telephone: 
Email Address: lauren@paulsouthwick.com

2. Name of person discriminated against (if **other** than person filing). If the person discriminated against is age 18 or older, we will need that person's signature on this complaint form and the consent/release form before we can proceed with this complaint. If the person is a minor, and you do not have the legal authority to file a complaint on the student's behalf, the signature of the child's parent or legal guardian is required.

Last Name, First, Middle James, Louis
Address: 
City, State, Zip Code: 
Home/Work Telephone: 
Email Address: 

3. OCR investigates discrimination complaints against institutions and agencies which receive funds from the U.S. Department of Education and against public educational entities and libraries that are subject to the provisions of Title II of the Americans with Disabilities Act. Please identify the institution or agency that engaged in the alleged discrimination. If we cannot accept your complaint, we will attempt to refer it to the appropriate agency and will notify you of that fact.

Name of Institution: Indiana Wesleyan University
Address: 4201 S. Washington St.
City, State, Zip Code: Marion, IN 46953
Department/School:

4. The regulations OCR enforces prohibit discrimination on the basis of race, color, national origin, sex, disability, age or retaliation. Please indicate the basis of your complaint:

- Discrimination **based on sex (specify)**

Discrimination on the basis of sexual orientation

Page 2 of 4 – U.S. Department of Education, Office for Civil Rights Discrimination
Complaint Form, Consent Form, and Complaint Processing Procedures

5. Please describe each alleged discriminatory act. For each action, please include the date(s) the discriminatory act occurred, the name(s) of each person(s) involved and, why you believe the discrimination was because of race, disability, age, sex, etc. Also please provide the names of any person(s) who was present and witnessed the act(s) of discrimination.

Indiana Wesleyan University's Student Handbook includes anti-LGBT policies. Louis feels the need to hide his sexual orientation at Indiana Wesleyan because these policies make him fear getting expelled for being gay. Louis learned that Indiana Wesleyan fired a Resident Assistant for being gay and this increased his anxiety. Indiana Wesleyan officials did not remove anti-LGBT messages painted by other students at the school. Please see attached declaration.

6. What is the most **recent date** you were discriminated against?

Date: Current, Ongoing

7. If this date is **more than 180 days ago**, you may request a waiver of the filing requirement.

X I am requesting a waiver of the 180-day time frame for filing this complaint.

Please explain why you waited until now to file your complaint.

1) the Covid-19 pandemic;
2) The Trump administration's policies and statements about religious exemptions to Title IX;
3) The Trump administration's policies and statements about Title IX not prohibiting discrimination on the basis of sexual orientation or gender identity.
4) Although the initial act of discrimination took place more than 180 days ago, Louis' complaint should not be considered time-barred because Indiana Wesleyan continues to discriminate against Louis and to promulgate policies and practices that discriminate against LGBTQ+ students.

8. Have you attempted to resolve these allegations with the institution through an internal grievance procedure, appeal or due process hearing?

No

Page 3 of 4 – U.S. Department of Education, Office for Civil Rights Discrimination Complaint Form, Consent Form, and Complaint Processing Procedures

- 9. If the allegations contained in this complaint have been filed with any other Federal, state or local civil rights agency, or any Federal or state court, please give details and dates. We will determine whether it is appropriate to investigate your complaint based upon the specific allegations of your complaint and the actions taken by the other agency or court.

Agency or Court: U.S. District Court - District of Oregon - Eugene Division

Date Filed: 03/29/21

Case Number or Reference: 6:21-cv-00474-AA

Results of Investigations/Findings by Agency or Court: Pending

- 10. If we cannot reach you at your home or work, we would like to have the name and telephone number of another person (relative or friend) who knows where and when we can reach you. This information **is not required**, but it will be helpful to us.

Not applicable

- 11. What would you like the institution to do as a result of your complaint — what remedy are you seeking?

Louis would like Indiana Wesleyan's policies amended to state that (1) same-sex dating relationships and displays of affection will be treated by Indiana Wesleyan in the same manner as opposite-sex dating relationships and displays of affection; (2) students will not be punished for coming out as LGBTQ+ or for expressing their sexual or gender identity (through pronouns, clothing, hair, makeup, etc.); (3) Indiana Wesleyan will not encourage or facilitate conversion therapy or any other sexual or gender orientation change efforts; (4) students who report sexual or physical assault will be granted safe harbor from discipline relating to sexual activity or other code of conduct violations; and (5) Indiana Wesleyan's non-discrimination policy includes sexual orientation and gender identity as applied to all aspects of Indiana Wesleyan, including housing and other programs.

- 12. We cannot accept your complaint if it has not been signed. Please sign and date your complaint below.

07/29/2021

(Date)

Jul 29, 2021

(Date)



(Signature)

Louis James (Jul 29, 2021 21:37 EDT)

(Signature of person in Item 2)

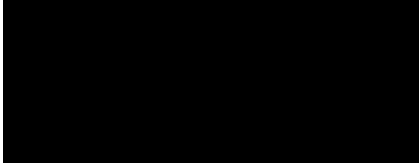
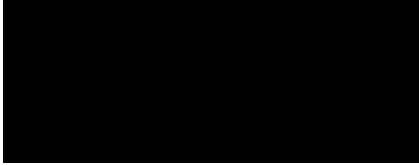
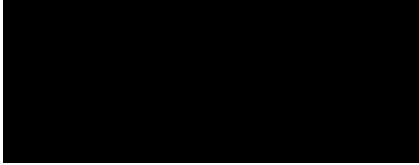
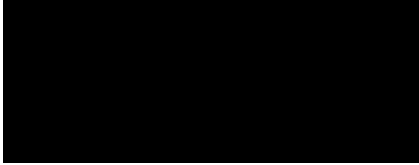
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DISCRIMINATION COMPLAINT FORM
to the
United States Department of Education
Office for Civil Rights

1. Name of person filing this complaint:

Last Name, First, Middle Swain, Lauren
Address: 8532 N. Ivanhoe St., #208
City, State, Zip Code: Portland, OR 97203
Home/Work Telephone: 
Email Address: lauren@paulsouthwick.com

2. Name of person discriminated against (if **other** than person filing). If the person discriminated against is age 18 or older, we will need that person's signature on this complaint form and the consent/release form before we can proceed with this complaint. If the person is a minor, and you do not have the legal authority to file a complaint on the student's behalf, the signature of the child's parent or legal guardian is required.

Last Name, First, Middle Jones, Jonathan
Address: 
City, State, Zip Code: 
Home/Work Telephone: 
Email Address: 

3. OCR investigates discrimination complaints against institutions and agencies which receive funds from the U.S. Department of Education and against public educational entities and libraries that are subject to the provisions of Title II of the Americans with Disabilities Act. Please identify the institution or agency that engaged in the alleged discrimination. If we cannot accept your complaint, we will attempt to refer it to the appropriate agency and will notify you of that fact.

Name of Institution: Azusa Pacific University
Address: 901 E. Alostia Ave.
City, State, Zip Code: Azusa, CA, 91702
Department/School:

4. The regulations OCR enforces prohibit discrimination on the basis of race, color, national origin, sex, disability, age or retaliation. Please indicate the basis of your complaint:

- Discrimination **based on sex (specify)**

Discrimination on the basis of sexual orientation and gender identity.

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Complaint Form, Consent Form, and Complaint Processing Procedures

5. Please describe each alleged discriminatory act. For each action, please include the date(s) the discriminatory act occurred, the name(s) of each person(s) involved and, why you believe the discrimination was because of race, disability, age, sex, etc. Also please provide the names of any person(s) who was present and witnessed the act(s) of discrimination.

Azusa Pacific reinstated its ban on same-sex dating while Jonathan was a student. Jonathan and other students were fearful of punishment for having revealed their sexual orientation because the ban had been lifted. Jonathan worried that his scholarship would be revoked. Azusa Pacific later altered its policy again to leave the question of punishment for sexual orientation ambiguous. Azusa Pacific has imposed limitations on the LGBT student group that it has not imposed on other student groups. Please see attached declaration.

6. What is the most **recent date** you were discriminated against?

Date: Current, Ongoing

7. If this date is **more than 180 days ago**, you may request a waiver of the filing requirement.

X I am requesting a waiver of the 180-day time frame for filing this complaint.

Please explain why you waited until now to file your complaint.

1) the Covid-19 pandemic;
2) The Trump administration's policies and statements about religious exemptions to Title IX;
3) The Trump administration's policies and statements about Title IX not prohibiting discrimination on the basis of sexual orientation or gender identity.
4) Although the initial act of discrimination took place more than 180 days ago, Jonathan's complaint should not be considered time-barred because Azusa Pacific continues to discriminate against Jonathan and to promulgate policies and practices that discriminate against LGBTQ+ students.

8. Have you attempted to resolve these allegations with the institution through an internal grievance procedure, appeal or due process hearing?

No

9. If the allegations contained in this complaint have been filed with any other Federal, state or local civil rights agency, or any Federal or state court, please give details and dates. We will determine whether it is appropriate to investigate your complaint based upon the specific allegations of your complaint and the actions taken by the

Page 3 of 4 – U.S. Department of Education, Office for Civil Rights Discrimination Complaint Form, Consent Form, and Complaint Processing Procedures
other agency or court.

Agency or Court: U.S. District Court - District of Oregon - Eugene Division

Date Filed: 03/29/21

Case Number or Reference: 6:21-cv-00474-AA

Results of Investigations/Findings by Agency or Court: Pending

- 10. If we cannot reach you at your home or work, we would like to have the name and telephone number of another person (relative or friend) who knows where and when we can reach you. This information **is not required**, but it will be helpful to us.

Not applicable

- 11. What would you like the institution to do as a result of your complaint — what remedy are you seeking?

Jonathan would like Azusa Pacific’s policies amended to state that (1) same-sex dating relationships and displays of affection will be treated by Azusa Pacific in the same manner as opposite-sex dating relationships and displays of affection; (2) students will not be punished for coming out as LGBTQ+ or for expressing their sexual or gender identity (through pronouns, clothing, hair, makeup, etc.); (3) Azusa Pacific will not encourage or facilitate conversion therapy or any other sexual or gender orientation change efforts; (4) students who report sexual or physical assault will be granted safe harbor from discipline relating to sexual activity or other code of conduct violations; and (5) Azusa Pacific’s non-discrimination policy includes sexual orientation and gender identity as applied to all aspects of Azusa Pacific, including housing and other programs.

- 12. We cannot accept your complaint if it has not been signed. Please sign and date your complaint below.

07/24/21

(Date)

Jul 24, 2021

(Date)



(Signature)

Jonathan Jones (Jul 24, 2021 16:04 PDT)

(Signature of person in Item 2)

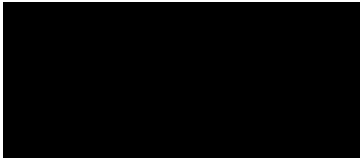
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Complaint Form, Consent Form, and Complaint Processing Procedures

**DISCRIMINATION
COMPLAINT FORM
to the
United States Department
of Education Office for
Civil Rights**

1. Name of person filing this complaint:

Last Name, First, Middle	<u>Swain, Lauren</u>
Address:	<u>8532 N. Ivanhoe St., #208</u>
City, State, Zip Code:	<u>Portland, OR 97203</u>
Home/Work Telephone:	
Email Address:	<u>lauren@paulsouthwick.com</u>

2. Name of person discriminated against (if **other** than person filing). If the person discriminated against is age 18 or older, we will need that person's signature on this complaint form and the consent/release form before we can proceed with this complaint. If the person is a minor, and you do not have the legal authority to file a complaint on the student's behalf, the signature of the child's parent or legal guardian is required.

Last Name, First, Middle	<u>Lord, Jamie</u>
Address:	
City, State, Zip Code:	
Home/Work Telephone:	
Email Address:	

3. OCR investigates discrimination complaints against institutions and agencies which receive funds from the U.S. Department of Education and against public educational entities and libraries that are subject to the provisions of Title II of the Americans with Disabilities Act. Please identify the institution or agency that engaged in the alleged discrimination. If we cannot accept your complaint, we will attempt to refer it to the appropriate agency and will notify you of that fact.

Name of Institution:	<u>Regent School of Law</u>
Address:	<u>1000 Regent University Drive,</u> <u>RH 255L</u>
City, State, Zip Code:	<u>Virginia Beach, VA, 23464</u>
Department/School:	<u>School of Law</u>

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4. The regulations OCR enforces prohibit discrimination on the basis of race, color, national origin, sex, disability, age or retaliation. Please indicate the basis of your complaint:

Discrimination **based on sex (specify)**

Discrimination on the basis of sexual orientation.

5. Please describe each alleged discriminatory act. For each action, please include the date(s) the discriminatory act occurred, the name(s) of each person(s) involved and, why you believe the discrimination was because of race, disability, age, sex, etc. Also please provide the names of any person(s) who was present and witnessed the act(s) of discrimination.

Although Regent representative told Jamie before she enrolled that being a lesbian was not a problem for the school, after she became a student, Regent officials warned Jamie that she could be expelled for "premarital sex" because she is in a lesbian relationship or if she were to bring her girlfriend on campus. A professor harassed Jamie because of her sexual orientation and repeatedly condemned and insulted LGBT people in class. Regent did not respond to Jamie's complaints about the professor's behavior.

Regent's student handbook contains the following: "Sexual misconduct that is prohibited includes disorderly conduct or lewd, indecent, or obscene conduct or expression, involvement with pornography, premarital sex, adultery, homosexual conduct or any other conduct that violates Biblical standards."

6. What is the most **recent date** you were discriminated against?

Date: Current, Ongoing

7. If this date is **more than 180 days ago**, you may request a waiver of the filing requirement.

I am requesting a waiver of the 180-day time frame for filing this complaint.

Please explain why you waited until now to file your complaint.

1) the Covid-19 pandemic;
2) The Trump administration's policies and statements about religious exemptions to Title IX;

Page 3 of 4 – U.S. Department of Education, Office for Civil Rights Discrimination Complaint Form, Consent Form, and Complaint Processing Procedures

3) The Trump administration's policies and statements about Title IX not prohibiting discrimination on the basis of sexual orientation or gender identity.

4) Although the initial act of discrimination took place more than 180 days ago, Jamie's complaint should not be considered time-barred because Regent continues to discriminate against Jamie and to promulgate policies and practices that discriminate against LGBTQ+ students.

8. Have you attempted to resolve these allegations with the institution through an internal grievance procedure, appeal or due process hearing?

Yes

If you answered **yes**, please describe the allegations in your grievance or hearing, identify the date you filed it, and tell us the status. If possible, please provide us with a copy of your grievance or appeal or due process request and, if completed, the decision in the matter.

Jamie attended many classes at Regent where professors described LGBTQ+ people as pedophiles, child molesters, undeserving of marriage, and as destined for hell. Jamie reported these incidents to Regent administration but the administration took no action.

9. If the allegations contained in this complaint have been filed with any other Federal, state or local civil rights agency, or any Federal or state court, please give details and dates. We will determine whether it is appropriate to investigate your complaint based upon the specific allegations of your complaint and the actions taken by the other agency or court.

Agency or Court: U.S. District Court - District of Oregon - Eugene Division

Date Filed: 03/29/21

Case Number or Reference: 6:21-cv-00474-AA

Results of Investigations/Findings by Agency or Court:
Pending

10. If we cannot reach you at your home or work, we would like to have the name and telephone number of another person (relative or friend) who knows where and when we can reach you. This information **is not required**, but it will be helpful to us.

Not applicable

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11. What would you like the institution to do as a result of your complaint — what remedy are you seeking?

Jamie would like Regent's policies amended to state that (1) same-sex dating relationships and displays of affection will be treated by Regent in the same manner as opposite-sex dating relationships and displays of affection; (2) students will not be punished for coming out as LGBTQ+ or for expressing their sexual or gender identity (through pronouns, clothing, hair, makeup, etc.); (3) Regent will not encourage or facilitate conversion therapy or any other sexual or gender orientation change efforts; (4) students who report sexual or physical assault will be granted safe harbor from discipline relating to sexual activity or other code of conduct violations; and (5) Regent's non-discrimination policy includes sexual orientation and gender identity as applied to all aspects of Regent, including housing and other programs.

12. We cannot accept your complaint if it has not been signed. Please sign and date your complaint below.

07/24/21

(Date)

Jul 24, 2021

(Date)



(Signature)

Jamie Lord (Jul 24, 2021 13:30 EDT)

(Signature of person in Item 2)

Page 1 of 4 – U.S. Department of Education, Office for Civil Rights Discrimination Complaint Form, Consent Form, and Complaint Processing Procedures

DISCRIMINATION COMPLAINT FORM
to the
United States Department of Education
Office for Civil Rights

1. Name of person filing this complaint:

Last Name, First, Middle	<u>Swain, Lauren</u>
Address:	<u>8532 N. Ivanhoe St., #208</u>
City, State, Zip Code:	<u>Portland, OR 97203</u>
Home/Work Telephone:	
Email Address:	<u>lauren@paulsouthwick.com</u>

2. Name of person discriminated against (if **other** than person filing). If the person discriminated against is age 18 or older, we will need that person's signature on this complaint form and the consent/release form before we can proceed with this complaint. If the person is a minor, and you do not have the legal authority to file a complaint on the student's behalf, the signature of the child's parent or legal guardian is required.

Last Name, First, Middle	<u>Markowski, Ashtin</u>
Address:	
City, State, Zip Code:	
Home/Work Telephone:	
Email Address:	

3. OCR investigates discrimination complaints against institutions and agencies which receive funds from the U.S. Department of Education and against public educational entities and libraries that are subject to the provisions of Title II of the Americans with Disabilities Act. Please identify the institution or agency that engaged in the alleged discrimination. If we cannot accept your complaint, we will attempt to refer it to the appropriate agency and will notify you of that fact.

Name of Institution:	<u>Brigham Young University</u>
Address:	<u>A-209 ASB</u>
City, State, Zip Code:	<u>Provo, UT, 84602</u>
Department/School:	

4. The regulations OCR enforces prohibit discrimination on the basis of race, color, national origin, sex, disability, age or retaliation. Please indicate the basis of your complaint:

- Discrimination **based on sex (specify)**

Discrimination on the basis of sexual orientation and gender identity

Page 2 of 4 – U.S. Department of Education, Office for Civil Rights Discrimination
Complaint Form, Consent Form, and Complaint Processing Procedures

5. Please describe each alleged discriminatory act. For each action, please include the date(s) the discriminatory act occurred, the name(s) of each person(s) involved and, why you believe the discrimination was because of race, disability, age, sex, etc. Also please provide the names of any person(s) who was present and witnessed the act(s) of discrimination.

In February 2020 BYU removed its ban on "homosexual behavior." A few weeks later it reinstated the ban. Ashtin was fired from her job for cutting her hair in a style that was deemed too "extreme and distracting", and masculine, even though a man whose bleached hair violated the rules was hired at the same time. Ashtin constantly worried she would get thrown out of school for dating someone of the same gender. Ashtin was counseled by a BYU-appointed Bishop to dress more femininely and to overcome "temptation" and "same-sex attraction." Please see attached declaration.

6. What is the most **recent date** you were discriminated against?

Date: Current, Ongoing

7. If this date is **more than 180 days ago**, you may request a waiver of the filing requirement.

X I am requesting a waiver of the 180-day time frame for filing this complaint.

Please explain why you waited until now to file your complaint.

- 1) the Covid-19 pandemic;
- 2) The Trump administration's policies and statements about religious exemptions to Title IX;
- 3) The Trump administration's policies and statements about Title IX not prohibiting discrimination on the basis of sexual orientation or gender identity.
- 4) Although the initial act of discrimination took place more than 180 days ago, Ashtin's complaint should not be considered time-barred because BYU continues to discriminate against Ashtin and to promulgate policies and practices that discriminate against LGBTQ+ students.

8. Have you attempted to resolve these allegations with the institution through an internal grievance procedure, appeal or due process hearing?

No

Page 3 of 4 – U.S. Department of Education, Office for Civil Rights Discrimination
Complaint Form, Consent Form, and Complaint Processing Procedures

9. If the allegations contained in this complaint have been filed with any other Federal, state or local civil rights agency, or any Federal or state court, please give details and dates. We will determine whether it is appropriate to investigate your complaint based upon the specific allegations of your complaint and the actions taken by the other agency or court.

Agency or Court: U.S. District Court - District of Utah - Central Division

Date Filed: 12/11/20

Case Number or Reference: 2:20-cv-000872-JNP-CMR

Results of Investigations/Findings by Agency or Court: Pending

Agency or Court: U.S. District Court - District of Oregon - Eugene Division

Date Filed: 03/29/21

Case Number or Reference: 6:21-cv-00474-AA

Results of Investigations/Findings by Agency or Court: Pending

10. If we cannot reach you at your home or work, we would like to have the name and telephone number of another person (relative or friend) who knows where and when we can reach you. This information **is not required**, but it will be helpful to us.

Not applicable

11. What would you like the institution to do as a result of your complaint — what remedy are you seeking?

Ashtin would also like Brigham Young's policies amended to state that (1) same-sex dating relationships and displays of affection will be treated by Brigham Young in the same manner as opposite-sex dating relationships and displays of affection; (2) students will not be punished for coming out as LGBTQ+ or for expressing their sexual or gender identity (through pronouns, clothing, hair, makeup, etc.); (3) Brigham Young will not encourage or facilitate conversion therapy or any other sexual or gender orientation change efforts; (4) students who report sexual or physical assault will be granted safe harbor from discipline relating to sexual activity or other code of conduct violations; and (5) Brigham Young's non-discrimination policy includes sexual orientation and gender identity as applied to all aspects of Brigham Young, including housing and other programs.

Page 4 of 4 – U.S. Department of Education, Office for Civil Rights Discrimination Complaint Form, Consent Form, and Complaint Processing Procedures

12. We cannot accept your complaint if it has not been signed. Please sign and date your complaint below.

07/26/21

(Date)

Jul 26, 2021

(Date)



(Signature)



Asht: 08/13/21 16:05 MDT

(Signature of person in Item 2)

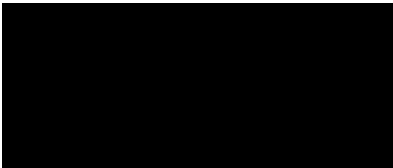
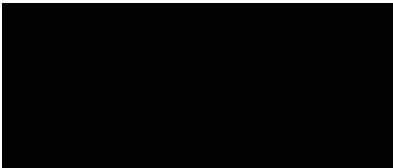
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DISCRIMINATION COMPLAINT FORM
to the
United States Department of Education
Office for Civil Rights

1. Name of person filing this complaint:

Last Name, First, Middle Swain, Lauren
Address: 8532 N. Ivanhoe St., #208
City, State, Zip Code: Portland, OR 97203
Home/Work Telephone: 
Email Address: lauren@paulsouthwick.com

2. Name of person discriminated against (if **other** than person filing). If the person discriminated against is age 18 or older, we will need that person's signature on this complaint form and the consent/release form before we can proceed with this complaint. If the person is a minor, and you do not have the legal authority to file a complaint on the student's behalf, the signature of the child's parent or legal guardian is required.

Last Name, First, Middle Martinez, Cameron
Address: 
City, State, Zip Code: 
Home/Work Telephone: 
Email Address: 

3. OCR investigates discrimination complaints against institutions and agencies which receive funds from the U.S. Department of Education and against public educational entities and libraries that are subject to the provisions of Title II of the Americans with Disabilities Act. Please identify the institution or agency that engaged in the alleged discrimination. If we cannot accept your complaint, we will attempt to refer it to the appropriate agency and will notify you of that fact.

Name of Institution: La Sierra University
Address: 4500 Riverwalk Pkwy.
City, State, Zip Code: Riverside, CA, 92505
Department/School:

4. The regulations OCR enforces prohibit discrimination on the basis of race, color, national origin, sex, disability, age or retaliation. Please indicate the basis of your complaint:

- Discrimination **based on sex (specify)**

Discrimination on the basis of sexual orientation and gender identity

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5. Please describe each alleged discriminatory act. For each action, please include the date(s) the discriminatory act occurred, the name(s) of each person(s) involved and, why you believe the discrimination was because of race, disability, age, sex, etc. Also please provide the names of any person(s) who was present and witnessed the act(s) of discrimination.

The La Sierra administration has repeatedly refused official status to an LGBT student group formed by Cameron and others. Cameron fears expulsion for same-sex dating, in part because La Sierra officially endorses doctrine stating that "sexual acts outside of heterosexual marriage are forbidden." La Sierra officials have repeatedly refused to address complaints of discrimination on campus submitted by Cameron and others. See attached declaration.

6. What is the most **recent date** you were discriminated against?

Date: Current, Ongoing

7. If this date is **more than 180 days ago**, you may request a waiver of the filing requirement.

I am requesting a waiver of the 180-day time frame for filing this complaint.

Please explain why you waited until now to file your complaint.

- 1) the Covid-19 pandemic;
- 2) The Trump administration's policies and statements about religious exemptions to Title IX;
- 3) The Trump administration's policies and statements about Title IX not prohibiting discrimination on the basis of sexual orientation or gender identity.
- 4) Although the initial act of discrimination took place more than 180 days ago, Cameron's complaint should not be considered time-barred because La Sierra continues to discriminate against Cameron and to promulgate policies and practices that discriminate against LGBTQ+ students.

8. Have you attempted to resolve these allegations with the institution through an internal grievance procedure, appeal or due process hearing?

Yes

If you answered **yes**, please describe the allegations in your grievance or hearing, identify the date you filed it, and tell us the status. If possible, please provide us with a copy of your grievance or appeal or due process request and, if completed, the decision in the matter.

See attached declaration.

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9. If the allegations contained in this complaint have been filed with any other Federal, state or local civil rights agency, or any Federal or state court, please give details and dates. We will determine whether it is appropriate to investigate your complaint based upon the specific allegations of your complaint and the actions taken by the other agency or court.

Agency or Court: U.S. District Court - District of Oregon - Eugene Division

Date Filed: 03/29/21

Case Number or Reference: 6:21-cv-00474-AA

Results of Investigations/Findings by Agency or Court: Pending

10. If we cannot reach you at your home or work, we would like to have the name and telephone number of another person (relative or friend) who knows where and when we can reach you. This information **is not required**, but it will be helpful to us.

Not applicable

11. What would you like the institution to do as a result of your complaint — what remedy are you seeking?

Prevent conflicts of interest by separating Title IX officer positions from administrative positions involved in enforcing student codes of conduct/honor code and prevent the sharing of information from Title IX office to administrative offices involved in enforcing student codes of conduct/honor code.

Cameron would also like La Sierra's policies amended to state that (1) same-sex dating relationships and displays of affection will be treated by La Sierra in the same manner as opposite-sex dating relationships and displays of affection; (2) students will not be punished for coming out as LGBTQ+ or for expressing their sexual or gender identity (through pronouns, clothing, hair, makeup, etc.); (3) La Sierra will not encourage or facilitate conversion therapy or any other sexual or gender orientation change efforts; (4) students who report sexual or physical assault will be granted safe harbor from discipline relating to sexual activity or other code of conduct violations; and (5) La Sierra's non-discrimination policy includes sexual orientation and gender identity as applied to all aspects of La Sierra, including housing and other programs.

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12. We cannot accept your complaint if it has not been signed. Please sign and date your complaint below.

07/24/21

(Date)

Jul 24, 2021

(Date)



(Signature)

Cameron Martinez

Cameron Martinez (Jul 24, 2021 19:50 MDT)

(Signature of person in Item 2)