University Policy No. 200.31  
POLICY REGARDING RELATIONSHIPS BETWEEN EMPLOYEES AND STUDENTS

Responsible Administrator: Vice President for Administration  
Responsible Office: Office of Human Resources  
Originally Issued: September 27, 2019  
Revision Date:  
Authority: Office of the President

Policy Statement

This policy prohibits amorous and/or sexual relationships between employees and students.

Statement of Purpose

Claflin University is committed to maintaining an academic community free from conflicts of interest, favoritism, and exploitation. This policy addresses amorous relationships that, even if consensual, may create actual and perceived conflicts of interest, and create a possibility for exploitation or favoritism.

Applicability

All Claflin faculty, staff, and students.

PROCEDURES

Claflin University prohibits amorous and/or sexual relationships between employees and students even if such relationships are consensual. The University regards as unacceptable any amorous or sexual relationship between an employee and a student.

Those in positions of authority inherently carry the element of power in their relationships with students. It is imperative that those with authority neither abuse, nor appear to abuse, this power entrusted to them.

In addition, even in consensual relationships, the employee may be held accountable for unprofessional behavior. Difficulties can arise when relationships end or from third parties who may feel that they have been disadvantaged by such relationships. Graduate assistants, resident assistants, tutors, and undergraduate teaching assistants, who are also professionally responsible for students, would be wise to exercise special care in their relationships with students they instruct or evaluate.

Should any employee have any romantic involvement with a student, he/she could be subject to formal disciplinary action including termination of employment if a complaint is initiated.
Complainants should complete the attached Reporting Form and submit it to the Title IX Coordinator (Office of Human Resources, Tingley Hall, Floor 1, Suite 4).

In extenuating circumstances, exceptions to this Policy may be made; any such exception must be in writing signed by the President.

CLAFLIN UNIVERSITY

EMPLOYEE-STUDENT RELATIONSHIP REPORTING FORM

This Document must be submitted to the Title IX Coordinator (Office of Human Resources, Tingley Hall, Floor 1, Suite 4).

Name of Student:

__________________________________________________________________________

Local Address:

__________________________________________________________________________

Phone:__________________________

Identify the name(s) of the individual(s) against whom you are submitting this complaint and any relevant information:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Please provide the names and contact information of any witness(es).
<table>
<thead>
<tr>
<th>Name/Status</th>
<th>Address</th>
<th>Telephone #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(If additional space is required, please use an additional form and just provide your name in the top section of the form)
Acknowledgement

By signing this form, I understand that this complaint will be investigated, and the alleged employee any witnesses or persons of interest will be interviewed.

The information provided in this Reporting Form is true and accurate to the best of my knowledge. I will cooperate fully in the investigation and provide the University with requested evidence as deemed relevant to the complaint.

Signature of Complainant: