



## TITLE IX COMPLAINT FORM

Southern Arkansas University Tech is committed to prompt resolution of complaints in a manner consistent with the SAUT Sex Discrimination, Sexual Harassment, and Sexual Misconduct Policy. You do not have to use this form to receive assistance; however, this form will be used so that we can be certain that all necessary steps for a resolution have been completed. This form is to be used for reporting to the Title IX Coordinator. Please feel free to attach additional sheets of information if you believe they are necessary. In addition, please provide any documentation in support of your claim.

If you believe you have been sexually assaulted, harassed, or discriminated against by any member of the SAUT community or while participating in a college sponsored activity, you are encouraged to bring it to the attention of the Title IX Compliance Coordinator, Deputy Coordinators and/or other College official.

**This form and any attachments can be submitted to \_\_\_\_\_ . Please allow a minimum of 24 hours for review and for Title IX eligibility determination.**

You may also email the form to [lsanders@sautech.edu](mailto:lsanders@sautech.edu) (subject line-Complaint Form).

### **Complainant Information** (Person Filing the Complaint)

Name: \_\_\_\_\_

Student: \_\_\_\_\_ Employee: \_\_\_\_\_ Both: \_\_\_\_\_

Department: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

Where do you prefer to be contacted? Work \_\_\_\_\_ Home \_\_\_\_\_

### **Respondent Information** (Individual Complaint Is Against)

Name: \_\_\_\_\_

Student: \_\_\_\_\_ Employee: \_\_\_\_\_ Both: \_\_\_\_\_

Department: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

**Were you discriminated against with regard to your rights in:**

Employment: \_\_\_\_\_ Education: \_\_\_\_\_ Retaliation: \_\_\_\_\_

**Were you discriminated against because of your:** (check those that apply)

Race: \_\_\_\_\_ Color: \_\_\_\_\_ National Origin: \_\_\_\_\_ Religion: \_\_\_\_\_

Age: \_\_\_\_\_ Sex (Gender): \_\_\_\_\_ Disability: \_\_\_\_\_ Veterans Status: \_\_\_\_\_

Sex Orientation: \_\_\_\_\_ \*Sexual Misconduct: \_\_\_\_\_

*\*If you have a complaint regarding sexual misconduct, please complete the section below.*

**General Harassment** - If your complaint is not categorized above, it may not be a form of discrimination or sexual misconduct. What is your concern? Please provide documentation in support of your claim if possible.

**Please explain:**

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**Sexual Misconduct**

Which of the following type of sexual misconduct does your complaint fall under?

- a) Sexual Assault  YES  NO
- b) Sexual Exploitation  YES  NO
- c) Sexual Intimidation  YES  NO
- d) Sexual Harassment  YES  NO
- e) Domestic Violence  YES  NO
- f) Dating Violence  YES  NO

g) Stalking  YES  NO

Date first incident took place: \_\_\_\_\_

Date of most recent incident: \_\_\_\_\_

Please explain your complaint of sexual misconduct:

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**Other Information**

**Do you currently feel that you are at risk?**  YES  NO

**If yes, please explain:**

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**Who have you contacted for help regarding this complaint?**

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Have you notified law enforcement officials in regards to this claim?  YES  NO

If so, which agency(s) and contact person? \_\_\_\_\_

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What is the action status with the agency(s) involved? \_\_\_\_\_

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Describe the injury or harm you suffered because of the alleged discrimination. Please attach additional sheets if you need more additional space.

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**Information to Individual**

Everyone at Southern Arkansas University Tech has the right to file a complaint. Complaints can be filed with the following offices:

- **Title IX Compliance Coordinator : Mr. Lee Sanders, Director of Research**
- **Deputy Coordinators for Employees: Ms. Olivia Clack, Human Resource Director or Dr. Lisa Oden, Faculty**
- **Deputy Coordinators for Students: Ms Latonya Reed, Career Pathways or ???, Director of Recruiting/Student Life**

**Statement of Events Provided by Complainant**

Please provide a detailed statement of the events, including dates, places, and names of witnesses. Please attach additional sheets if you need more space. Also, provide any documentation in support of your claim.

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*When considering reporting options, Victims should be aware that certain personnel employed by Southern Arkansas University Tech can maintain strict confidentiality, while others have mandatory reporting and response obligations. SAUT personnel that are not confidential reporters and who receive a report of alleged sexual misconduct are required to share the information with appropriate administrative authorities for investigation and follow up. Southern Arkansas University Tech will protect a Complainant's confidentiality by refusing to disclose his or her information to anyone outside the College to the maximum extent permitted by law. As for confidentiality of information within the College, the College must balance a Victim's request for confidentiality with its responsibility to provide a safe and nondiscriminatory environment.*