Stephen F. Austin State University
Sexual Misconduct Complaint Form

Complainant's Name: ____________________________________________________________

Mailing Address: __________________________________________________________________

Telephone Number ___________________________ E-Mail ___________________________

Check One: ☐ Student ☐ Employee ☐ Other: _________________________________

Name: __________________________________________________________________________

**Respondent(s) – person(s) against whom the complaint is being filed**

Name: __________________________________________________________________________

Name: __________________________________________________________________________

**Description of Incident** - Date(s) and place(s) of alleged violation(s); the nature of alleged violation(s); detailed description of the specific conduct that is the basis of alleged violation(s); attach copies of documents pertaining to the alleged violation(s).

Attach additional pages as needed

**Witnesses** - List everyone you believe can provide relevant information regarding your complaint. Include contact information.

Attach additional pages as needed

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**Title IX Coordinator**
Dr. Michael Walker
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Room 301
mwalker@sfasu.edu
(936) 468-2401

**Deputy Coordinator for Students**
Dr. Hollie Smith
Baker Pattilo Student Center, Suite 3.105
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(936) 468-7249

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**Deputy Coordinator for Athletics**
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(936) 468-5999

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Use Through July 2016

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Page 1 of 2
Action Requested – what action are you requesting to resolve the situation?

Other Information – Please provide any other information you believe might be helpful. (for example, text messages or other evidence, have you filed a criminal complaint, other extenuating circumstances)

Acknowledgement
By completing and submitting this form, I am initiating a complaint which I request be investigated according to the process outlined in SFA Policy 2.13. I certify that the information I have provided is true and accurate to the best of my knowledge.

Signature ____________________________________________ Date ______________________________

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