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

Title IX Coordinator
Dr. Michael Walker
Rusk Building, Room 301
TitleIX@sfasu.edu
(936) 468-8292

Deputy Coordinator for Students
Dr. Hollie Smith
Baker Pattillo Student Center, Suite 3.105
TitleIXstudents@sfasu.edu
(936) 468-7249

Deputy Coordinator for Faculty, Staff & Visitors
Loretta Doty
Austin Bldg, Suite 201
TitleIXemployees@sfasu.edu
(936) 468-2304

Deputy Coordinator for Athletics
Loree McCary
SFA Athletics Fieldhouse
TitleIXathletics@sfasu.edu
(936) 468-4550

Deputy Coordinator for SFA Charter School
Lysa Hagan
SFA Charter School
Room 101b
TitleIXcharter@sfasu.edu
(936) 468-8899

Updated August 1, 2017

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

**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* ________________________________