



Stephen F. Austin State University Sexual Misconduct Reporting 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

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
TitleXstudents@sfasu.edu
(936) 468-7249

Deputy Coordinator for Faculty, Staff & Visitors
Loretta Doty
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Deputy Coordinator for Athletics
Loree McCary
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(936) 468-4550

Deputy Coordinator for SFA Charter School
Lysa Hagan
SFA Charter School
Room 101b
TitleXcharter@sfasu.edu
(936) 468-5899

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

Attach additional pages as needed

Action Requested – what action are you requesting to resolve the situation?

Attach additional pages as needed

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)

Attach additional pages as needed

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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