



Stephen F. Austin State University
Sexual Harassment Complaint Form

Complainant's Name _____

Mailing Address _____

Telephone Number _____ E-mail: _____

Circle One: Student Employee Other

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

Name: _____

Name: _____

Description - 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).

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?

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 2.11. I certify that the information I have provided is true and accurate to the best of my knowledge.

Signature _____ Date _____

For information about reporting sexual harassment, along with contact information of persons you can report to, go to <http://www.sfasu.edu/universityaffairs/252.asp>

Extra Space for Respondents, Detailed Explanation of Circumstances and/or List of Witnesses

Add extra pages as needed

CONTACT INFORMATION

SFA Title IX Coordinator
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