Stephen F. Austin State University
Sexual Misconduct Complaint Form

Complainant’s Name

Mailing Address

Telephone Number

Circle One: Student Employee Other

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

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

Signature ________________________________ Date ________________________________

Use through May 2016
Extra Space for Respondents, Detailed Explanation of Circumstances and/or List of Witnesses

CONTACT INFORMATION

Title IX Coordinator
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Deputy Coordinator for Students
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Deputy Coordinator for Faculty, Staff & Visitors
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Deputy Coordinator for Athletics
Loree McCary
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Deputy Coordinator – SFA Charter School
Lyssa Hagan
SFA Charter School CEO/Principal
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Add extra pages as needed