

Sexual Misconduct/Title IX Complaint Form

Background Information

Your full name:	
Your position/title:	
Your phone number:	
Your email address:	
Nature of report (required):	<input type="checkbox"/> Urgent <input type="checkbox"/> Not Urgent
Date of incident (required):	
Time of incident:	
Location of Incident:	
<input type="checkbox"/> Academic Building Name: _____	<input type="checkbox"/> Adams Hall
<input type="checkbox"/> Bell Hall	<input type="checkbox"/> Campus Parking Lot Location: _____
<input type="checkbox"/> Downtown Milledgeville	<input type="checkbox"/> East Campus
<input type="checkbox"/> Foundation Hall	<input type="checkbox"/> Napier Hall
<input type="checkbox"/> Off Campus	<input type="checkbox"/> On Campus
<input type="checkbox"/> Online	<input type="checkbox"/> Parkhurst Hall
<input type="checkbox"/> Sanford Hall	<input type="checkbox"/> Village 1
<input type="checkbox"/> Village 2	<input type="checkbox"/> Village 3
<input type="checkbox"/> Village 4	<input type="checkbox"/> Village 5
<input type="checkbox"/> Village 6	<input type="checkbox"/> Wells Hall
<input type="checkbox"/> West Campus	

Involved Parties – Additional Parties can be included on the Supplemental Page

Involved Parties – Additional Parties can be included on the Supplemental Page			
Name Party 1	Gender	Role	GCID Number
	<input type="checkbox"/> Male	<input type="checkbox"/> Complainant	
	<input type="checkbox"/> Female	<input type="checkbox"/> Respondent	
	<input type="checkbox"/> Transgender	<input type="checkbox"/> Witness	
	<input type="checkbox"/> Not Reported	<input type="checkbox"/> Reporting Party	
DOB (YYYY-MM-DD)	Phone Number	Email Address	Hall/Address
Name Party 2	Gender	Role	GCID Number
	<input type="checkbox"/> Male	<input type="checkbox"/> Complainant	
	<input type="checkbox"/> Female	<input type="checkbox"/> Respondent	
	<input type="checkbox"/> Transgender	<input type="checkbox"/> Witness	
	<input type="checkbox"/> Not Reported	<input type="checkbox"/> Reporting Party	

DOB (YYYY-MM-DD)	Phone Number	Email Address	Hall/Address

Questions

Please check all that apply: Required

<input type="checkbox"/> Sexual Misconduct – Bullying	<input type="checkbox"/> Sexual Misconduct – Dating Violence
<input type="checkbox"/> Sexual Misconduct – Distribution of Video or Audio	<input type="checkbox"/> Sexual Misconduct – Domestic Violence
<input type="checkbox"/> Sexual Misconduct – Intentional Exposure	<input type="checkbox"/> Sexual Misconduct Intentional Observation
<input type="checkbox"/> Sexual Misconduct – Invasion of Privacy	<input type="checkbox"/> Sexual Misconduct – Knowingly Transmitting STD or HIV
<input type="checkbox"/> Sexual Misconduct – Nonconsensual Intercourse	<input type="checkbox"/> Sexual Misconduct – Nonconsensual Sexual Contact
<input type="checkbox"/> Sexual Misconduct – Nonconsensual Penetration	<input type="checkbox"/> Sexual Misconduct – Sexual Contact
<input type="checkbox"/> Sexual Misconduct – Sexual Assault	<input type="checkbox"/> Sexual Misconduct – Sexual Exploitation
<input type="checkbox"/> Sexual Misconduct – Sexual Harassment (Student on Student)	<input type="checkbox"/> Sexual Misconduct – Sexual Harassment (other than Student on Student)
<input type="checkbox"/> Sexual Misconduct – Video or Audio	<input type="checkbox"/> Sexual Misconduct - Stalking
<input type="checkbox"/> Sexual Misconduct - Prostituting	<input type="checkbox"/> Other: _____

Describe each incident of harassment, discrimination, sexual misconduct, or retaliation separately. Please be as detailed as possible, giving names, dates and places, include phone numbers and addresses if possible. Use additional pages if needed. **(Required)**

Reported to police? (Required)

Georgia College Public Safety

Milledgeville Police Department

Other Name: _____

No Report Made

I understand my reporting options: (Required)

Yes

No

Supporting Documentation

List and produce any written materials or other documents you believe may help in investigating your complaint. Please include social media or text communications if available. Items may be physically or electronically provided.

Printed name: _____ Date: _____

Signature: _____

Supplemental Form

Additional Involved Parties

Name Party 3		Gender	Role	GCID Number
		<input type="checkbox"/> Male	<input type="checkbox"/> Complainant	
		<input type="checkbox"/> Female	<input type="checkbox"/> Respondent	
		<input type="checkbox"/> Transgender	<input type="checkbox"/> Witness	
		<input type="checkbox"/> Not Reported	<input type="checkbox"/> Reporting Party	
DOB (YYYY-MM-DD)	Phone Number	Email Address	Hall/Address	
Name Party 4		Gender	Role	GCID Number
		<input type="checkbox"/> Male	<input type="checkbox"/> Complainant	
		<input type="checkbox"/> Female	<input type="checkbox"/> Respondent	
		<input type="checkbox"/> Transgender	<input type="checkbox"/> Witness	
		<input type="checkbox"/> Not Reported	<input type="checkbox"/> Reporting Party	
DOB (YYYY-MM-DD)	Phone Number	Email Address	Hall/Address	
Name Party 5		Gender	Role	GCID Number
		<input type="checkbox"/> Male	<input type="checkbox"/> Complainant	
		<input type="checkbox"/> Female	<input type="checkbox"/> Respondent	
		<input type="checkbox"/> Transgender	<input type="checkbox"/> Witness	
		<input type="checkbox"/> Not Reported	<input type="checkbox"/> Reporting Party	
DOB (YYYY-MM-DD)	Phone Number	Email Address	Hall/Address	
Name Party 6		Gender	Role	GCID Number
		<input type="checkbox"/> Male	<input type="checkbox"/> Complainant	
		<input type="checkbox"/> Female	<input type="checkbox"/> Respondent	
		<input type="checkbox"/> Transgender	<input type="checkbox"/> Witness	
		<input type="checkbox"/> Not Reported	<input type="checkbox"/> Reporting Party	
DOB (YYYY-MM-DD)	Phone Number	Email Address	Hall/Address	