

# Southeast Arkansas College Title IX Sexual Harassment Incident Report

This form is for the purpose of reporting a student, faculty, staff or College guest Complaint of Sexual Discrimination, Harassment or Misconduct on campus or at a College sponsored activity.

If this is an emergency, please contact the Southeast Arkansas College Security Office at (870-557-4211).  
If this is a medical emergency please dial 9-1-1.

A formal complaint should be submitted when a Title IX violation has occurred. The Title IX Compliance Officers (Vice President for Academic or Student Affairs) or Designee will follow College procedures to process the incident.

\* indicates a required field

\* I am a:

Student     Faculty     Staff     Guest     I wish to remain anonymous

Name \_\_\_\_\_

E-mail \_\_\_\_\_

Phone \_\_\_\_\_

\* What is your relationship to Southeast Arkansas College?

The College may not be able to follow up if report is submitted anonymously or without completed information.

\_\_\_\_\_  
\_\_\_\_\_

\* Who was involved?

Names \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Phone \_\_\_\_\_

Some way to contact students, faculty or staff involved in the incident.

\* Other Witness(es) and other contact information if known, such as police officers, Public Safety officers, College employees, etc.

\_\_\_\_\_

\* Incident Information

