

# Savannah State University

## Sexual Misconduct Report Form

### Introduction

Savannah State University supports a safe learning environment for all students, faculty, staff and campus visitors. The university prohibits sex discrimination, including sexual misconduct of any kind, and enforces a Sexual Misconduct Policy. The policy applies to all students, employees and third parties, regardless of sexual orientation or gender identity. Any form of sexual misconduct, including but not limited to sexual assault, sexual exploitation, sexual harassment and stalking, will not be tolerated on the Savannah State University campus. The university encourages members of the campus community to report sexual misconduct immediately and has several tools available to ensure the process is fair, prompt and confidential.

### Anonymity

You may choose to fill out this form anonymously, however, the university's ability to fully investigate the complaint may be limited as a result.

*If you choose to fill out the form anonymously, please skip all fields of Section 1 except for "University Affiliation" and do not place your signature in Section 5.*

### Section 1: Complainant's Information (The alleged victim of sexual misconduct)

*Please fill out this section completely. If you choose to make an anonymous report, then only check your university affiliation.*

**Name:** \_\_\_\_\_

#### University affiliation:

Student    Faculty    Administration    Staff

Campus visitor (List the date of your visit and reason for your visit): \_\_\_\_\_

\_\_\_\_\_  
**Student ID** (if student): \_\_\_\_\_

**Address** (On-campus address if you are a student living on campus or office address if you are faculty/staff/administration): \_\_\_\_\_

\_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Section 2: Respondent's Information** (The person accused of committing sexual misconduct)

**Name** (if known): \_\_\_\_\_

**University affiliation** (if known):

Student    Faculty    Administration    Staff

Other (please explain university affiliation): \_\_\_\_\_

**Respondent's relationship to complainant** (if any): \_\_\_\_\_

**Address** (if known): \_\_\_\_\_

\_\_\_\_\_

**Telephone** (if known): \_\_\_\_\_

**Email** (if known): \_\_\_\_\_

**Section 3: Incident Information**

**Date of incident:** \_\_\_\_\_

**Approximate time of incident:** \_\_\_\_\_

**Location of incident:** \_\_\_\_\_

**Was law enforcement contacted about this incident?:**

Yes       No



**University affiliation:**

Student    Faculty    Administration    Staff

Other (please explain university affiliation) \_\_\_\_\_

\_\_\_\_\_  
**Student ID** (if student): \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_  
**Telephone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Section 5: Signatures**

*Please fill out this section completely. If you choose to make an anonymous report, do not sign below, but please fill in the date.*

**I certify that the information given in this complaint is true and accurate to the best of my knowledge.**

**Complainant's or reporting party's signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

***FOR TITLE IX USE ONLY***

**Received in the Savannah State University Title IX Office by:** \_\_\_\_\_

\_\_\_\_\_  
**Title IX Officer's signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## **To Submit Anonymously**

Complete the form above, but do not enter your name in the Complainant's or reporting party's field in Section 5. Click the **PRINT** button below and mail the form to:

Attn: Title IX Office  
Savannah State University  
Colston Administration Bl.  
3219 College St.  
Savannah, GA 31404

## **To Submit with Attribution**

Complete the form above and enter your name in the Complainant's or reporting party's field in Section 5. Save the form to your device or computer and email it to [TitleIXreporting@savannahstate.edu](mailto:TitleIXreporting@savannahstate.edu).