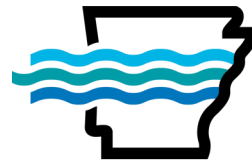


TITLE IX GRIEVANCE FORM



**ARKANSAS STATE
UNIVERSITY
THREE RIVERS**

Complainant/Victim: Employee
 Student Visitor

This form is used to report incidents of sexual discrimination and should be submitted to the Title IX Coordinator. All forms of sexual discrimination will be investigated promptly and thoroughly, whether or not there is a criminal investigation. Both parties will be notified of the outcome.

Name of Complainant/Victim: _____ **Date:** _____

Current Address: _____

Current Telephone Number: (____) _____ **E-mail Address:** _____

Date in which the incident occurred: _____

Name of Respondent/Offender: _____

Please identify the Respondent/Offender as one of the following: Student _____ Employee _____ Visitor _____

List any witnesses: _____

**Describe the incident in the space below. Include the location where the incident occurred.
(You may attach a document if necessary)**

Outline the remedy (remedies) sought in the space below. (You may attach a document if necessary.)

By making this report you are providing official notice to the College and authorizing the Title IX Coordinator to begin an investigation. You have the right and can expect to have incidents of sexual discrimination to be taken seriously by the institution when formally reported, and to have those incidents investigated and resolved through administrative procedures. Formal reporting means that only people who need to know will be told, and information will be shared only as necessary with investigators, witnesses, and the accused individual as required and/or authorized by law.

By signing below, I acknowledge that I have read and understand the Title IX grievance procedures as well as the above statement and that the report made is to the best of my knowledge:

Complainant/Victim Signature: _____ **Date:** _____

Return form to Jennifer Vaughn, Title IX Coordinator/Director of HR, at jvaughn@asutr.edu or ASU Three Rivers, Attn: Jennifer Vaughn, One College Circle, Malvern, AR 72104.

AUTHORIZED USE ONLY

Date Received: _____ **Title IX Coordinator:** _____