



Complaint Form Discrimination/Harassment/Sexual Misconduct

YOU DO NOT HAVE TO COMPLETE THIS FORM TO RECEIVE ASSISTANCE.

INFORMATION CONCERNING CONFIDENTIALITY

To the extent possible, investigations will be conducted in such a manner to protect the confidentiality of both parties. However, once reported, the College has an obligation to address discrimination, harassment and sexual misconduct and, in order to conduct an effective investigation, complete confidentiality cannot be guaranteed. For information regarding confidential reporting of sexual misconduct, please read the section below or refer to the College's policy on sexual misconduct.

REPORTING SEXUAL MISCONDUCT

To the College: If you believe you have been sexually assaulted or stalked or are a victim of dating or domestic violence, you are encouraged to report the occurrence to the College's Title IX Coordinator so the College may initiate and pursue an investigation of the event. If you wish to report an incident of sexual misconduct in a *confidential manner*, a list of available community resources may be obtained from the Advising Center or by calling 615-230-3702. If you choose to report the incident in a confidential manner, the College may be unable to conduct an investigation into the matter or pursue disciplinary action against the alleged offender.

To law enforcement: If you would like to report the incident directly to law enforcement for criminal investigation, please call the Campus Police Department at 615-230-3595, your local enforcement office or dial 911 if you need emergency assistance. The College will not share information with law enforcement without your consent. I DO DO NOT want the College to share information with law enforcement at this time. Even if you choose not to report the crime now, you may do so later.

Name: _____

Home Address: _____

Preferred Contact Phone Number: _____

Preferred Contact Email Address: _____

Your relationship to the College: Faculty Staff Student Other

If faculty or staff, please list your department and primary work location or campus:

Name(s) of person(s) accused of wrongdoing: _____

1. On a separate page, describe all actions of the person(s) named above. Be as detailed as possible, and include the date, time and place of each event(s) or conduct involved. Attach as many additional pages as necessary. Please number and initial each page.

2. Why do you think the person(s) treated you this way or committed this offense?

3. What effect has this had on you?

4. List the names and phone numbers, if known, of all witnesses to the above-described events.

5. List the names and phone numbers of any person(s) with whom you have discussed the above-described events.

6. How would you like this matter resolved?

Signature: _____ Date: _____

Submit this form to:

Lori Cutrell, Senior Director of Human Resources/Title IX Coordinator
1480 Nashville Pike
Ramer Administration Building, Suite 127
Gallatin, TN 37066
(615) 230-3592
eeo@volstate.edu or titleixcoordinator@volstate.edu

All Volunteer State Community College policies on Discrimination, Harassment and Sexual Misconduct are available online at <https://www.volstate.edu/policies>.