

UNIVERSITY OF GEORGIA
Equal Opportunity Office

SEXUAL MISCONDUCT COMPLAINT FORM

Instructions:

The University of Georgia (UGA) is committed to ensuring a safe learning environment that supports the dignity of all members of UGA and the University System of Georgia (USG) community. UGA does not discriminate on the basis of sex or gender in any of its education or employment programs and activities in compliance with Title IX of the Education Amendments Act of 1972. Completing this form is one method of reporting any alleged conduct directed against a student that may be a violation of Title IX and USG's [Sexual Misconduct Policy](#). Title IX and the Sexual Misconduct Policy also prohibit retaliation for reporting sexual misconduct or participating in an investigation of sexual misconduct. Please review the [Sexual Misconduct Policy](#) before submission of this form.

Submit this form electronically, by mail or in person to:
Equal Opportunity Office (EOO)
Title IX Coordinator
119 Holmes-Hunter Academic Building
Athens, GA 30602

Submit by email to:
ugaeeo@uga.edu

Anonymity: This complaint form may be submitted anonymously. The reporter is encouraged to provide any information related to the report in order to facilitate an investigation into the reported conduct. Legal and regulatory obligations may require the University to take some action once it is informed that sexual misconduct may be occurring. Not having the identity of the reporter may limit the ability to respond fully to the incident and may limit the ability to discipline the respondent.

Confidentiality: Legal and regulatory obligations may require the university to take some action once it is informed that sexual misconduct may be occurring. Although the confidentiality of the information received and the privacy of the individuals involved cannot be guaranteed, confidentiality and privacy will be protected to as great an extent as is possible. The expressed wishes of the complainant regarding confidentiality will be considered in the context of the university's legal obligation to act upon the charge and the right of the charged party to be informed concerning the charge. Honoring the request may limit the ability to respond fully to the incident and may limit the ability to discipline the respondent.

REPORTING PARTY [Person making the complaint] (Optional)

Reporting Party: (Name /Title) _____

Department: _____ Daytime Phone: _____

Campus Address: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Status: Student Faculty Staff Other _____

Request Confidentiality: Yes No Preferred contact method _____

TYPE OF SEXUAL MISCONDUCT (See [Definitions](#) on the EOO website and check all that apply.)

- Sexual Harassment Sexual Assault Sexual Exploitation Dating Violence
- Sex/Gender Stalking Sexual Orientation Domestic Violence Retaliation
- Gender Identity Pregnancy Other

REPORTED TO POLICE: Yes No If yes, which police department? UGAPD ACCPD

Other Police Department _____

RESPONDENT [person alleged to have violated the Policy] (Add additional pages if necessary.)

Respondent: (Name /Title) _____

Department: _____ Daytime Phone: _____

Campus Address: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Status: Student Faculty Staff Other _____

DETAILS OF COMPLAINT (Add additional pages if necessary)

- A) Date of Incident: _____ Time of Incident: _____
- Location of Incident: _____
- B) Describe each incident of sexual misconduct. Please be as detailed as possible, giving names, dates and places; include phone numbers and addresses if possible. Use additional pages if needed.

C) Describe why you believe the incident you described was sexual misconduct, or whatever basis you indicated above, or why you believe you were retaliated against.

WITNESSES

List those witnesses you believe have information about your complaint. Include complete information for each witness listed. **If the Reporting Party is not the alleged victim, please list the alleged victim as a witness.** Add additional pages if necessary.

Witness #1: Name/Title: _____
Address: _____
Work Phone: _____ Home Phone: _____ Cell Phone: _____
E-Mail Address: _____
Status: Student Faculty Staff Other _____
What information can this witness provide?

Witness #2: Name/Title: _____
Address: _____
Work Phone: _____ Home Phone: _____ Cell Phone: _____
E-Mail Address: _____
Status: Student Faculty Staff Other _____
What information can this witness provide?

Witness #3: Name/Title: _____
Address: _____
Work Phone: _____ Home Phone: _____ Cell Phone: _____
E-Mail Address: _____
Status: Student Faculty Staff Other _____
What information can this witness provide?

SUPPORTING MATERIALS/DOCUMENTS:

List and produce any written materials, electronic materials, or other documents or evidence you believe may help in investigating your complaint. Items may be physically provided or electronically provided. If identified items are not in reporter's possession, please indicate where they may be found. Please attach any documents and materials identified, including screen shots of any social media or digital communications.

ADDITIONAL INFORMATION:

Have you previously reported or otherwise complained about this or related acts of sexual misconduct or retaliation to a University supervisor or official? If so, please identify the individual to whom you made the report, the date you made the report and the resolution.

What would resolve this complaint?

I affirm that I have read the above information and it is true to the best of my knowledge and belief.

Reporting Party – Print Name

Signature

Date

SUPPORT SERVICES:

Advisors: You have the opportunity to use an advisor (including an attorney) of your choosing for the express purpose of providing advice and counsel at your own expense. This advisor may be present during any meetings and proceedings involved in the investigatory or resolution process. See the [Sexual Misconduct Policy](#) for more information.

UGA and Community Support Services:

Below are some support resources that are available. A complete list of support services can be found at: <https://eoo.uga.edu/node/128>

Individual support, consultation and referral services:

- UHC Counseling and Psychiatric Services (CAPS) – (706) 542-2273
<http://www.uhs.uga.edu/caps/>
- UHC Office of Relationship and Sexual Violence Prevention (RSVP) (provides crisis support, information, advocacy, education and outreach) – (706) 542- 7233 or (706) 542-8690
<https://www.uhs.uga.edu/rsvp/>
- UGA Center for Counseling and Personal Evaluation – (706) 542-8508
<http://www.coe.uga.edu/chds/research-centers-projects/the-center-for-counseling-and-personal-evaluation/>
- UGA Psychology Clinic – (706) 542-1173
<http://psychology.uga.edu/clinic/index.php>
- Aspire Clinic (offers individual, couple, and family therapy) – (706) 542-4486
<http://www.aspireclinic.org/>
- The Cottage Sexual Assault Center (provides interventions, referrals, support and resources for survivors of sexual assault) – (706) 546-1133; 24-hour Crisis Line:(877) 363-1912
<http://www.northgeorgiacottage.org/>
- Project Safe (24-hour confidential information and domestic violence services) – (706) 543-3331
<http://www.project-safe.org/>

Health & medical services:

- **University of Georgia’s Health Center** - (706) 542-1162
<http://www.uhs.uga.edu/index.html>

- Women's Clinic - (706) 542-8691
http://www.uhs.uga.edu/services/womens_clinic.html
- Primary Care Clinics and Urgent Care - (706) 542-1162
<http://www.uhs.uga.edu/index.html>
- John Fontaine, Jr. Center for Alcohol Awareness and Education – (706) 542-1162
<http://www.uhs.uga.edu/aod/>
- Health Promotion Department – (706) 542-8690
<http://www.uhs.uga.edu/healthpromotion/>
- Collegiate Recovery Community – (706) 542-0285
<https://www.uhs.uga.edu/crc/>
- **St. Mary's Hospital** - (706) 389-3000
<http://www.stmarysathens.org/>
- **Athens Regional Medical Center** - (706) 475-7000
<http://www.athenshealth.org/healthservices>
- **Athens-Clarke County Health Department** - (706) 389-6921
<http://publichealthathens.com/wp/clinics/health-departments/clarke-county/>