



SEXUAL MISCONDUCT INTAKE FORM

This form provides preliminary information to the Office of Compliance and Risk to assist in investigating reports on alleged violations of Jackson State's [Policies on Sexual Misconduct](#). Please complete the form to the best of your knowledge.

Once you submit this report, you may be contacted by someone from the Office of Compliance & Risk if additional information is needed. Regardless of the nature of your account, the college will ensure that your information will be forwarded to the office with the responsibility for investigating and addressing concerns as appropriate based on the information you have provided. The information you provide will be confidential to the extent permitted by law.

If you have questions, please contact our office at ComplianceRiskOfficer@jacc.edu or by phone at (731) 424-3520, extension 50326.

This Reporting From is **not** a 911 or Emergency Service:

Do not use this site to report events that immediately threaten life or property. If you require emergency assistance, please dial 911.

Background Information of Complainant (person filing the complaint)

NOTE: If you wish to submit a complaint for yourself anonymously and you are not a Responsible Employee, you may omit your contact information or deliver your complaint to the *Office of Compliance and Risk, 2046 North Parkway, Administration Building 125B, Jackson, Tennessee 38301*

Your full name: _____

Your position/title: _____

Your phone number: _____

Your email address: _____

Your physical address: _____

Nature of this report: Please choose:

- | | |
|--------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> Dating Violence | <input type="checkbox"/> Sexual Assault |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Other – please describe in the narrative below |
| <input type="checkbox"/> Stalking | |

The urgency of this report:

- Extremely Urgent
- Urgent
- Standard

Date of incident: _____

Time of incident: _____

Location of incident: Please choose:

- Jackson State Main Campus
- Jackson State Lexington-Henderson Center
- Jackson State Savannah-Hardin County Center

Specific location on that campus/center: _____

Involved Parties – Respondent (person complaint is against)

Name or Organization: _____

Select Role

- Student
- Faculty
- Staff
- Guest on Campus
- Other

Banner ID Number _____

Date of Birth _____

Phone Number _____

Email Address _____

Building Address _____

Add Another Party if needed.

Questions/Statement of Events

Are you reporting this incident for yourself or another person?

- For Myself For Someone Else

What is the nature of this report?

(Please select all that apply; you must make at least one selection)

- Sexual Assault Relationship Violence
 Sexual Violence Domestic Violence
 Dating Violence Stalking
 Other (please specify in the narrative below)

In your own words, please briefly describe the particulars of your complaint. Include the date(s) and act(s) that occurred.

Please list any College departments or outside agencies that you contacted about the concerns you have shared:

Please provide names and contact information of other people who may have more information, if any:

Submission Directions

When you have completed this form, please save it to your device and email a copy of it directly to ComplianceRiskOfficer@jscc.edu. Supporting Documentation can also be attached to the email response. Photos, videos, emails, and other supporting documents may be helpful in the investigation process.

Complaint Acknowledgement

I certify that the information I have provided is accurate to the best of my knowledge.

I understand that this complaint and all discussions conducted throughout the investigation are confidential to the extent permitted by law. I also understand that any unauthorized disclosures of this information could result in disciplinary actions. Accordingly, I agree to abide by these guidelines.

Signature of Complainant

Date

(sending this form via your email will serve as your signature.)

For JSCC Compliance & Risk Office Use Only:

_____ Date Received	_____ Title IX Coordinator Signature
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