

# Arkansas Tech University Complaint Form

By submitting this form, I acknowledge that I am filing a formal complaint and have read and understand the Arkansas Tech University Sexual Misconduct Policy. I also certify that the information given is true and complete to the best of my knowledge.

Report submitted By:  Define Other:  Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Detailed Information:** (Completion of every field is not required, but please provide as much information as possible)

**Victim Information:**  Employee  Student  Other Define Other:

Name: \_\_\_\_\_ Tech I.D. Number: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**Respondent/Accused Information:**  Employee  Student  Other Define Other:

(If there is more than one respondent, please check other. In the Define Other box please put "multiple" and list all individuals in the box provided on the following page.)

Name: \_\_\_\_\_ Tech I.D. Number: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**Witness Information:** (additional witness information may be provided at a later date)

Employee  Student  Other  Employee  Student  Other

Define Other:  Define Other:

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

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Employee  Student  Other  Employee  Student  Other

Define Other:  Define Other:

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

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Interim Requests:** (During the investigation and prior to the determination of a policy violation, you may request a temporary remedy)

No Contact Order  Relocation ( work/residence hall )  Schedule Change (class/work shift)  Other

Define Other:

On the following page please provide detailed information regarding the events that occurred. Remember to include important details, such as, **dates and times of all incidents, locations, witnesses present, etc.** Please attach additional pages if you would like to provide more information than the space will allow.

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Desired Outcomes:

[Empty rectangular box for Desired Outcomes]

Signature: \_\_\_\_\_ *(if submitted by email, signature may be obtained at the first meeting)*