THE UNIVERSITY OF SOUTHERN MISSISSIPPI
SEXUAL MISCONDUCT COMPLAINT FORM (revised 07/07/2015)

A. Please print the following information that applies to the victim:

Last Name: ___________________ First: _________________________ M.I._____ 

Student/Employee ID No. ________________________

USM Email address: ____________________________________________

Contact Phone Numbers (include area code): ______________________________

<table>
<thead>
<tr>
<th>Status</th>
<th>Campus/Teaching/Research Location</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Faculty</td>
<td>GCRL</td>
</tr>
<tr>
<td>Staff</td>
<td>Stennis</td>
</tr>
<tr>
<td></td>
<td>Other (specify: _____________)</td>
</tr>
</tbody>
</table>

If you are an employee, please list:

- Title: ___________________________________________
- Department: _____________________________________
- Supervisor’s Name: ______________________________

B. Name of Person(s) you believe violated the University Sexual Misconduct Policy:

Name(s) ________________________________________________

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Phone number: (     ) ____________________

Local or Campus Address: ___________________________________________________

C. When did the alleged sexual misconduct occur? Date: ________________________

D. Where did the alleged sexual misconduct occur? ____________________________

E. Describe what happened. (Please use extra pages if necessary.)

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The University of Southern Mississippi
Sexual Misconduct Complaint Form

F. Were there any witnesses to the alleged sexual misconduct?  [ ] Yes  [ ] No

G. If yes, Please provide witness names, contact numbers and addresses, if known.

H. Have other efforts been made to resolve this complaint?  [ ] Yes  [ ] No
   If yes, what is the status?

I. What action would resolve your complaint?

J. If the person preparing this Complaint is not the victim, but is assisting the victim, please provide the following information:

   Name: __________________________________________________________
   Relationship to victim ____________________________________________
   Contact information _____________________________________________

*Please notify the Title IX Coordinator’s Office of any changes of address and telephone number during the period of the investigation.
AFFIRMATION

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

___________________________________  __________________
Signature                      Date

Upon completion of this form, please contact-
Dr. Rebecca W. Malley, Title IX Coordinator, at
Rebecca.Malley@usm.edu or 601.266.6804 or 601-266-4466
505 International Center (IC)- Hattiesburg Campus- Box 5079