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>
<td>Undergraduate</td>
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<tr>
<td>Graduate</td>
<td>Long Beach</td>
</tr>
<tr>
<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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</table>

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: ________________________________________________________________
Relation 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. Cristin Reynolds, Title IX Coordinator, at
Cristin.Reynolds@usm.edu or 601.266.6804 or 601-266-4466
Cook Library Rm. 129- Hattiesburg Campus- Box 5079
Hardy Hall Rm. 332- Gulf Park Campus