



# SEXUAL HARASSMENT (TITLE IX) INCIDENT REPORT FORM

This form may be used by any member of the South College community, including applicants, employees, and third parties, who have experienced or otherwise become aware of a sexual harassment incident. Reports can be submitted at any time, including non-business hours, in person, by mail, by telephone, or by email using the contact information listed below for the Deputy Title IX Coordinator. For complete information on the South College Sexual Harassment (Title IX) Policy go to <https://www.south.edu/student-resources/title-ix/>.

- **Main Campus & Parkside Campus:** Dr. A.J. Chase, Dean of Academic and Student Services, 3904 Lonas Drive, Knoxville, TN 37909, [achase@south.edu](mailto:achase@south.edu), 865-293-4576
- **Asheville Campus:** Dr. Lisa Satterfield, Dean of Academic and Student Services, 140 Sweeten Creek Road, Asheville, NC 28803, [lsatterfield@south.edu](mailto:lsatterfield@south.edu), 828-398-2566
- **Atlanta Campus:** Dr. Danielle Kwasnik, Dean of Academic and Student Services, 2600 Century Parkway NE, Atlanta, GA 30345, [dkwasnik@south.edu](mailto:dkwasnik@south.edu), 470-322-1211
- **Nashville Campus:** Dr. Holly Paul, Dean of Academic and Student Services, 616 Marriott Drive, Nashville, TN 37214, [hpaul@south.edu](mailto:hpaul@south.edu), 629-802-3135
- **Online:** Dr. Mari-Kathryn Arnold, Director of Student Affairs, 3904 Lonas Drive, Knoxville, TN 37909, [marnold@south.edu](mailto:marnold@south.edu), 912-392-4733
- **All Employees:** Mr. Randall Carr, VP for Talent Management & Human Resources, [randall.carr@south.edu](mailto:randall.carr@south.edu), (865)251-1800

Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_ Location of Incident: \_\_\_\_\_

### Information about the Reporter

Name:
Phone #: _____ Email Address: _____
Affiliation with South College : <input type="checkbox"/> Student <input type="checkbox"/> Employee <input type="checkbox"/> Visitor <input type="checkbox"/> Other: _____
Do you wish to pursue a complaint? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you request to remain anonymous? <input type="checkbox"/> Yes <input type="checkbox"/> No

### Information about the Victim (If different from above)

Name:
Phone #: _____ Email Address: _____
Affiliation with South College : <input type="checkbox"/> Student <input type="checkbox"/> Employee <input type="checkbox"/> Visitor <input type="checkbox"/> Other: _____
Do you wish to pursue a complaint? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you request to remain anonymous? <input type="checkbox"/> Yes <input type="checkbox"/> No

### Information about the Offender(s) (Please attach additional pages, if necessary.)

Name:
Phone #: _____ Email Address: _____
Affiliation to South College : <input type="checkbox"/> Student <input type="checkbox"/> Employee <input type="checkbox"/> Visitor <input type="checkbox"/> Other: _____

### Type of alleged sexual harassment Title IX Concern (check all that apply):

- Sexual Harassment  Sexual Assault  Sexual Violence  Stalking  Domestic Violence/Dating Violence  
 Sexual Discrimination  Intimidation  Sexual Exploitation  Retaliation  Gender Discrimination or Inequity  
 Unknown  Other: \_\_\_\_\_

Reported to Police?  Yes  No

If reported to police, please list date reported: \_\_\_\_\_

**Description of violation/incident** *(Please summarize below and attach additional pages and documentation with the form, if necessary).*

Enter text here.

**Witnesses** *(Relationship means faculty, advisor, co-worker etc.)*

<b>1. Name</b>	<b>Relationship</b>	<b>Telephone</b>
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<b>2. Name</b>	<b>Relationship</b>	<b>Telephone</b>
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<b>3. Name</b>	<b>Relationship</b>	<b>Telephone</b>
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**By signing below, I certify the aforementioned information is true and correct.**

**Printed Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For Office Use – Follow up**

Reviewed by: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_