



NDAH / Sexual Misconduct Complaint Form

Instructions:

The University of Georgia is committed to providing an environment for living, study and work that is free from discrimination and harassment, and does not discriminate on the basis of sex or gender in any of its education or employment programs and activities in compliance with Title IX of the Education Amendments Act of 1972. Completing and submitting this form is one method of reporting 1) any alleged conduct that may be a violation of Title IX and USG's Sexual Misconduct Policy, or 2) any allegations of discrimination and harassment based on a protected category in the [UGA Non Discrimination Anti-Harassment Policy](#). Allegations of sexual misconduct, including any form of gender or sex-based discrimination or harassment, will be administered through the [Sexual Misconduct Policy](#).

Submit this form by mail or in person to:

Qiana Wilson
Title IX Coordinator
278 Brooks Hall
310 Herty Drive
Athens, GA 30602

Submit by email to:

ugaeoo@uga.edu

Please review the Non-Discrimination and Anti-Harassment (NDAH) Policy and/or Sexual Misconduct Policy before submitting this form.

Scope for NDAH Complaints:

To investigate your complaint, it may be necessary to interview you, the alleged offender(s), and any witnesses with knowledge of the allegation or defenses. Any issues that arise during the investigation that are outside the scope of the NDAH Policy and irrelevant to the NDAH complaint will not be independently investigated by the EOO. However, if unprofessional conduct or inappropriate behavior that does not fall within the scope of the NDAH Policy comes to light in the course of the EOO investigation, such conduct or behavior will be referred to the respective department or to Human Resources.

Anonymity:

This complaint form may be submitted anonymously. The reporter is encouraged to provide any information related to the report in order to facilitate an investigation into the reported conduct. Legal and regulatory obligations may require the university to take some action once it is informed that prohibited harassment/discrimination or sexual misconduct may be occurring. Not having the identity of the reporter may limit the ability to respond fully to the incident and may limit the ability to discipline the respondent.

Confidentiality:

Legal and regulatory obligations may require the university to take some action once it is informed that prohibited harassment/discrimination or sexual misconduct may be occurring. Although the confidentiality of the information received and the privacy of the

individuals involved cannot be guaranteed, they will be protected to as great an extent as is possible. The expressed wishes of the complainant regarding confidentiality will be considered in the context of the university's legal obligation to act upon the charge and the right of the charged party to be informed of the charge. Honoring the request for confidentiality may limit the ability to respond fully to the incident and may limit the ability to discipline the respondent.

Support Resources

Should you desire one or more forms of support or care, there are a number of support resources on and around the Athens campus, including, but not limited to those you may view by clicking on this link: [Supporting Resources](#)

Reporting Party [Person Making the Complaint]

Is Reporting Party the Alleged Victim?

Yes

No

Department (What Department are you in at UGA)

Click or tap here to enter text.

Daytime Phone (XXX)XXX-XXXX

Click or tap here to enter text.

Campus Address (Staff/Faculty Only)

Click or tap here to enter text.

Home Address

Click or tap here to enter text.

Home Phone (XXX)XXX-XXXX

Click or tap here to enter text.

Cell Phone (XXX)XXX-XXXX

Click or tap here to enter text.

Email Address

Click or tap here to enter text.

Your Status

- Student
- Faculty
- Staff
- Other

Request Confidentiality (Confidentiality may limit the ability to respond fully to the incident and may limit the ability to discipline the respondent)

- Yes
- No

Preferred Contact Method

Click or tap here to enter text.

Basis of Complaint (Check All That Apply)

- Age
- Ethnicity
- National Origin
- Religion
- Pregnancy
- Disability
- Sexual Orientation
- Sexual Exploitation
- Race
- Sex/Gender
- Gender Identity
- Genetic Information
- Veteran Status
- Domestic Violence
- Dating Violence

Stalking

Retaliation for a previous EOO Complaint/Investigation

Sexual Harassment

Other

Respondent (Person alleged to have violated the Policy)

Click or tap here to enter text.

Department of Respondent

Click or tap here to enter text.

Campus Address of Respondent

Click or tap here to enter text.

Home Address of Respondent

Click or tap here to enter text.

Daytime Phone of Respondent (XXX)XXX-XXXX

Click or tap here to enter text.

Home Phone of Respondent (XXX)XXX-XXXX

Click or tap here to enter text.

Cell Phone of Respondent (XXX)XXX-XXXX

Click or tap here to enter text.

E-Mail Address of Respondent

Click or tap here to enter text.

Status of Respondent

Student

Faculty

Staff

Other

Details of Complaint (Describe each incident of harassment, discrimination or retaliation separately. Please be as detailed as possible, giving names, dates, places; include phone numbers and addresses if possible)

Why is this a Violation of the Policies?

Witness #1**Name:****Status:** Student Staff Faculty Other**Address:****Phone (Cell, Work and/or Home):****E-Mail:****Witness #2****Name:****Status:** Student Staff Faculty Other**Address:****Phone (Cell, Work and/or Home):****E-Mail:****Witness #3****Name:****Status:** Student Staff Faculty Other**Address:****Phone (Cell, Work and/or Home):****E-Mail:****Supporting Materials/Documents**

(List any links, written materials or other documents you believe may help in investigating your complaint. This may include social media and/or text communications if available. If items listed are not in the reporter's possession, please indicate where they may be found. Please forward any screenshots, documents and materials identified here to ugaeoo@uga.edu. You may also list any additional witnesses or parties in this section.)

Additional Information:

(Have you previously reported or otherwise complained about this or related acts of harassment, discrimination or retaliation to a University supervisor or official? If so, please identify the individual to whom you made the report, the date you made the report and the resolution. Have you made a police report? If so, please note in this section the date you made the report and to which Police Department the report was made.)

What is your desired outcome, if any?

I affirm that I have read the above information and it is true to the best of my knowledge and belief* (Print Name)

By signing this document and submitting it to EOO, I acknowledge that I am requesting the Equal Opportunity Office to conduct an investigation. I further understand and agree that the University may employ the grievance and disciplinary process in response to my report.

SUBMIT