## Title IX/Discrimination Complaint Form

When the form has been completed and signed and then signed by authorized staff in the Office of Student Services, your complaint has been properly received and noted by the university. We will provide you with a copy of this form as well as complete information about the discrimination complaint process.



Check the box that applies	Name
☐ Faculty	Department/Company
Staff	Work/Cell Phone Home Phone
Student	Work Address/Dorm
Employment Applicant	
Student Applicant	Home Address
Other, Explain:	
Ctrier, Explain.	Supervisor (or R.A.)
	Have you brought this matter to the attention of any other department(s)
Type of Complaint	at the university? If so, please list the name(s) and department(s) of all other persons with whom you have discussed this matter.
☐ Age	
Disability	
☐ Domestic Violence	
☐ Gender	
☐ Medical Condition	Complaint: Describe your complaint. Please summarize below and attach
☐ National Origin	additional pages describing your complaint, if necessary.
☐ Pregnancy	
Race	
Religion	
☐ Retaliation	
☐ Sexual Assault	
☐ Sexual Harassment	
☐ Sexual Orientation	
☐ Stalking	
☐ Veteran Status	
☐ Other	

## **Title IX Coordinators**

TJ Kirk, 731.989.6386 Jay Satterfield, 731.989.6058