

SOUTH CAROLINA STATE UNIVERSITY



Title IX Grievance Form

Please provide the following information:

Your name: _____

Local Address: _____

Permanent Address: _____

Telephone Number: _____

SCSU Email Address: _____ Personal Email Address: _____

Are you: Student Faculty Staff Visitor

Other (please specify) _____

Date(s) of incident: _____ Location(s) of incident: _____

Describe in as much detail as possible the event(s) that occurred (attach additional sheets if necessary).
Please also include:

- The name(s) of any witnesses who may have knowledge of the event(s).

Has law enforcement (Campus Police or otherwise) been notified? Yes or No

Are you interested in receiving assistance from the University's Victim Advocate? Yes or No

EqualOpportunity@scsu.edu