



## DISCRIMINATION AND HARASSMENT

This form provides preliminary information to the Office of Compliance and Risk to assist in investigating reports on alleged violations of [TBR Guideline P-080: Discrimination & Harassment](#). Please complete the form to the best of your knowledge.

Once you submit this report, you may be contacted by someone from the Office of Compliance & Risk if additional information is needed. Regardless of the nature of your account, the college will ensure that your information will be forwarded to the office with the responsibility for investigating and addressing concerns as appropriate based on the information you have provided. The information you provide will be confidential to the extent permitted by law.

If you have questions, please contact our office at [ComplianceRiskOfficer@jscc.edu](mailto:ComplianceRiskOfficer@jscc.edu) or by phone at (731) 424-3520, extension 50326.

This Reporting Form is **not** a 911 or Emergency Service:

Do not use this site to report events that immediately threaten life or property. If you require emergency assistance, please dial 911.

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### **Background Information of Complainant (person filing the complaint)**

NOTE: If you wish to submit a complaint for yourself anonymously and you are not a Responsible Employee, you may omit your contact information or deliver your complaint to the *Office of Compliance and Risk, 2046 North Parkway, Administration Building 133, Jackson, Tennessee 38301*

**Your full name:** \_\_\_\_\_

**Your position/title:** \_\_\_\_\_

**Your phone number:** \_\_\_\_\_

**Your email address:** \_\_\_\_\_

**Your physical address:** \_\_\_\_\_

**Nature of this report:** Please choose:

- ☐ Discrimination
- ☐ Retaliation
- ☐ Harassment
- ☐ Other – please describe in the narrative below

**The urgency of this report:**

- ☐ Extremely Urgent  
☐ Urgent  
☐ Standard

**Date of incident:** \_\_\_\_\_

**Time of incident:** \_\_\_\_\_

**Location of incident:** Please choose:

- ☐ Jackson State Main Campus  
☐ Jackson State Lexington-Henderson Center  
☐ Jackson State Savannah-Hardin County Center  
☐ Jackson State Gibson County Center

**Specific location on that campus/center:** \_\_\_\_\_

**Involved Parties – Respondent (person complaint is against)**

**Name or Organization:** \_\_\_\_\_

**Select Role**

- ☐ Student  
☐ Faculty  
☐ Staff  
☐ Guest on Campus  
☐ Other

**Banner ID Number** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Building Address** \_\_\_\_\_

**Add Another Party if needed.**

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**Questions/Statement of Events**

**Are you reporting this incident for yourself or another person?**

- ☐ For Myself   ☐ For Someone Else

**What is the nature of this report?** (Please select all that apply)

- ☐ Discrimination
- ☐ Retaliation
- ☐ Harassment
- ☐ Hostile Work Environment
- ☐ Other (Please specify in the narrative below)

**Do you feel this behavior happened because of the following?** (please select all that apply)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Age (40 & Over)   | <input type="checkbox"/> Genetic Information | <input type="checkbox"/> Sex                |
| <input type="checkbox"/> Color             | <input type="checkbox"/> National Origin     | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Disability        | <input type="checkbox"/> Pregnancy           | <input type="checkbox"/> Veteran Status     |
| <input type="checkbox"/> Gender Identity   | <input type="checkbox"/> Race                | <input type="checkbox"/> Other/I don't know |
| <input type="checkbox"/> Gender            | <input type="checkbox"/> Religion            |   |
| <input type="checkbox"/> Gender Expression | <input type="checkbox"/> Retaliation         |   |

**In your own words, please briefly describe the actions that occurred that you believe were discriminatory, harassing or retaliatory.**

**Include the date(s) and act(s) that occurred. Please begin with the most recent incident and explain how the behavior or action relates to the category or categories checked above.**

**Please list any College departments or outside agencies that you contacted about the concerns you have shared:** (Required)

**Please provide names and contact information of other people who may have more information, if any:**

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### **Submission Directions**

When you have completed this form, save it to your device and email a copy of it directly to [ComplianceRiskOfficer@jscc.edu](mailto:ComplianceRiskOfficer@jscc.edu). Supporting Documentation can also be attached to the email response. Photos, videos, emails, and other supporting documents may be helpful in the investigation process.

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### **Complaint Acknowledgement**

I certify that the information I have provided is accurate to the best of my knowledge.

I understand that this complaint and all discussions conducted throughout the investigation are confidential to the extent permitted by law. I also understand that any unauthorized disclosures of this information could result in disciplinary actions. Accordingly, I agree to abide by these guidelines.

\_\_\_\_\_  
Signature of Complainant

(sending this form via your email will serve as your signature.)

\_\_\_\_\_  
Date

#### **For JSCC Compliance & Risk Office Use Only:**

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
\_ Title IV Coordinator Signature