GREENSBORO COLLEGE SEX-BASED HARASSMENT REPORT FORM

Complainant's Name:				
•	•	Complainant's affiliation to Greensboro College (student, faculty, staff, unaffiliated):		
Complainant's Contact Informat	ion (if available):			
Telephone:	ion (ii available).	<u>Email:</u>		
Complainant's Preference for	Support-	Investigation &	Agreement-based	
Action if known:	based	Decision-Making	resolution	
RESPONDENT(S) INFORMATION	resolution	resolution	rocement)	
Respondent's Name (if known):	Respondent	t's affiliation to Greensboro ff, unaffiliated):	<u> </u>	
Respondent's Contact Informati	on (if available):			
Telephone:		Email:		
INCIDENT INFORMATION:				
Date and Time of Incident:	Location or	ocation or address of Incident:		
REPORTER'S INFORMATION:				
Reporter's Name:	Date of Rep	port:		
Reporter's Name: Reporter's Affiliation to Greensl College (student, faculty, staff, unaffiliated):	Reporter's (Telephone:	oort: Contact Information:		
Reporter's Affiliation to Greensl College (student, faculty, staff,	poro Reporter's (
Reporter's Affiliation to Greensl College (student, faculty, staff,	Reporter's (Telephone: Email:			

What should I do with the completed report form? Please provide the information requested on the other side of this sheet and deliver the completed form to:

Emily Scott
Title IX Coordinator
Greensboro College
Main Building Room 231
Greensboro, NC 27401

This form may also be submitted by email to titleix@greensboro.edu

Please contact Emily Scott at (336) 272-7102 ext. 5496 or the email above with any questions.