

Southern Crescent Technical College
Student Harassment and Equity Complaint Form

It is the policy of Southern Crescent Technical College that all students shall be provided an environment free of unlawful harassment, unlawful discrimination, and retaliation and to ensure that all students are provided access to a safe educational environment free from any discrimination on the basis of gender.

Southern Crescent Technical College does not discriminate on the basis of race, color, creed, national or ethnic origin, gender, religion, disability, age, political affiliation or belief, genetic information, disabled veteran, veteran of the Vietnam Era, spouse of military member or citizenship status (except in those special circumstances permitted or mandated by law). The following person has been designated to handle inquiries regarding the nondiscrimination policies: Title IX/Equity Coordinator (Griffin Campus, Butts County Center, Henry County Center, and the Jasper County Center) Toni Doaty, Griffin Campus, Mobile Unit 6B, 501 Varsity Road, Griffin, GA 30223, (770)228-7382, toni.doaty@sctech.edu; ADA/Section 504 Coordinator (Griffin Campus, Butts County Center, Henry County Center, and the Jasper County Center) Teresa Brooks, Griffin Campus, Mobile Unit 6B, 501 Varsity Road, Griffin, GA 30223, (770)228-7258, teresa.brooks@sctech.edu; Title IX/Equity and ADA/Section 504 Coordinator, (Flint River Campus) Mary Jackson, Flint River Campus, Room A252, 1533 Highway 19 South, Thomaston, GA 30286, (706)646-6224, mary.jackson@sctech.edu. Any complaints filed against the Title IX/ Equity Coordinator or ADA/Section 504 Coordinator on any campus/center shall be handled by Dr. Xenia Johns, 501 Varsity Road, Griffin, GA 30223, (770)228-7348 xenia.johns@sctech.edu.

(Reference: SCTC Student Handbook, *Statement of Equal Opportunity, Title IX, Unlawful Harassment and Unlawful Discrimination Procedures*)

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STUDENT NAME: _____

STUDENT ID # _____

ADDRESS: _____

PHONE: _____

STUDENT EMAIL: _____

PROGRAM OF STUDY: _____

DATE OF INCIDENT(S): _____

LOCATION OF INCIDENT(S): _____

Brief Description of Incident:

Signature _____ Date _____

Attach additional sheet, if necessary.