

# Baptist Health College Little Rock

## Title IX Incident Report Form

Please fill out this form to report instances of sexual harassment, discrimination or misconduct. If you experience difficulties completing this form, please contact the Coordinator of Campus and Financial Services at 501-202-7436 or email [jamie.clark@baptist-health.org](mailto:jamie.clark@baptist-health.org).

Date: \_\_\_\_\_

Name of Employee, Student, or Other: \_\_\_\_\_

\_\_\_\_ Student      \_\_\_\_ Staff      \_\_\_\_ Faculty      \_\_\_\_ Other: \_\_\_\_\_

Name of alleged harasser: \_\_\_\_\_

\_\_\_\_ Student      \_\_\_\_ Staff      \_\_\_\_ Faculty      \_\_\_\_ Other: \_\_\_\_\_

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Date Incident Occurred: \_\_\_\_\_

Type of Incident:

\_\_\_\_ Verbal Harassment/Assault      \_\_\_\_ Threat of Physical Assault      \_\_\_\_ Physical Assault

\_\_\_\_ Internet/Email Message      \_\_\_\_ Damage to property      \_\_\_\_ Bullying

\_\_\_\_ Gender Discrimination      \_\_\_\_ Gender Inequity      \_\_\_\_ Stalking

\_\_\_\_ Sexual Assault      \_\_\_\_ Sexual Misconduct      \_\_\_\_ Rape

\_\_\_\_ Relationship Violence      \_\_\_\_ Sexual Harassment      \_\_\_\_ Retaliation

\_\_\_\_ Other: \_\_\_\_\_

Provide a clear and concise statement of your complaint:

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(use additional pages if necessary)

Where can you be contacted if additional information is needed concerning your complaint:

Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**Please submit completed form(s) to:**  
Baptist Health College Little Rock Business Office  
Phone: 501-202-6055 / Email: [jamie.clark@baptist-health.org](mailto:jamie.clark@baptist-health.org)