

Baptist Health College Little Rock

Title IX Incident Report Form

Please fill out this form to report instances of harassment, discrimination or misconduct based on gender, sex, or sexual orientation. If you experience difficulties completing this form, please contact the Coordinator of Campus and Financial Services at 501-202-6055 or TitleIX@bhclr.edu.

Date: _____

Name of Employee, Student, or Other: _____

____ Student ____ Staff ____ Faculty ____ Other: _____

Name of alleged harasser: _____

____ Student ____ Staff ____ Faculty ____ Other: _____

Date Incident Occurred: _____

Type of Incident:

____ Verbal Harassment/Assault ____ Threat of Physical Assault ____ Physical Assault

____ Damage to property ____ Bullying ____ Stalking

____ Gender Discrimination ____ Gender Inequity ____ Rape

____ Sexual Assault ____ Sexual Misconduct ____ Retaliation

____ Relationship Violence ____ Sexual Harassment

____ Social Media/Email/Text Message ____ Other: _____

Provide a clear and concise statement of your complaint:

(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: TitleIX@bhclr.edu