

# SOUTHERN STATES UNIVERSITY



## SSU Misconduct and Grievance Referral Form University Administration Issues

Website: [www.ssu.edu](http://www.ssu.edu)

Email: [CampusSafety@ssu.edu](mailto:CampusSafety@ssu.edu)

Email: [TitleX@ssu.edu](mailto:TitleX@ssu.edu)

**BEFORE COMPLETING THIS FORM: If this is an emergency that involves an imminent risk of harm to self or others, please contact local police at 911 prior to filling out this form.**

The purpose of this Misconduct and Grievance Form is to provide Southern States University community members, including students, staff, faculty, vendor, visitors, and others with a tool to refer concerning behavior to the University. Submitted forms will be reviewed the no later than the next business day by the Director of Administration, who will forward the referral to the appropriate University official.

Depending on the referral type, SSU may use the information provided to begin an informal or formal inquiry and/or investigation, which may include contacting all involved parties and/or any potential witnesses in order to better understand the nature of the referral. However, if this form does not contain specific information, SSU's investigation into the allegations and/or grievance may be limited.

This form may be submitted anonymously.

You are not required to complete the entire form in order to submit the referral. Please fill out as much information as you can.

For a review of SSU policies and procedures, please reference the following:

- SSU Catalog: <https://www.ssu.edu/academics/general-catalogs/>
- SSU Campus Security and Fire Safety (Clery Report): <https://www.ssu.edu/clery-report/>

## Background Information

What is your full name? \_\_\_\_\_

What is your role at SSU (student, staff, faculty, visitor, vendor, other)? \_\_\_\_\_

What is your phone number? \_\_\_\_\_

What is your email address? \_\_\_\_\_

What is your SSU ID Number? \_\_\_\_\_

## Referral Category

This referral is about **(Required)**:

- |  |  |
|--|--|
| <input type="radio"/> Violation of University Policy <sup>#</sup>              | <input type="radio"/> Registrar <sup>#</sup>                 |
| <input type="radio"/> Code of Conduct <sup>#</sup>                             | <input type="radio"/> Library <sup>#</sup>                   |
| <input type="radio"/> Academic Program or Course <sup>#</sup>                  | <input type="radio"/> Student Affairs <sup>#</sup>           |
| <input type="radio"/> Academic Support <sup>#</sup>                            | <input type="radio"/> Disability Accommodations <sup>#</sup> |
| <input type="radio"/> Financial Aid <sup>#</sup>                               | <input type="radio"/> Veterans Affairs <sup>#</sup>          |
| <input type="radio"/> Facilities <sup>#</sup> (incl. broken sink, light, etc.) | <input type="radio"/> Student Life <sup>#</sup>              |
| <input type="radio"/> International Affairs <sup>#</sup>                       | <input type="radio"/> Alumni Services <sup>#</sup>           |
| <input type="radio"/> Photo ID <sup>#</sup>                                    | <input type="radio"/> Campus security <sup>#</sup>           |
| <input type="radio"/> Information Technology <sup>#</sup>                      | <input type="radio"/> Other: _____                           |

<sup>#</sup> See University Administration

This referral is related to **(Required)**:

- |   |  |
|---|--|
| <input type="radio"/> Professionalism or Customer Service | <input type="radio"/> Request for Exemption to University Policy |
| <input type="radio"/> Code of Conduct                     | <input type="radio"/> Potential Unlawful or Criminal Activity    |
| <input type="radio"/> Policy Violation                    | <input type="radio"/> Other: _____                               |

## Issue Description

Date of Incident **(Required)** mm/dd/yyyy: \_\_\_\_\_

Time of Incident: \_\_\_\_\_

Campus Affiliation **(Required)**:

- |                                 |                              |                                 |
|---------------------------------|------------------------------|---------------------------------|
| <input type="radio"/> San Diego | <input type="radio"/> Irvine | <input type="radio"/> Las Vegas |
|---------------------------------|------------------------------|---------------------------------|

Incident Location

- On-campus
- Off-Campus public property immediately adjacent to and accessible from Campus (e.g. road, sidewalk, etc.)
- Virtual (including over the phone, via email, within the online courseroom, etc.)
- Unknown
- Not Applicable

Specific Location of Incident (e.g. classroom #, parking lot, corner of A and B St., ext.):

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## Involved Parties

Please list **ALL** of the individuals involved (including yourself, if you are the alleged victim or a witness. The only time you do not include yourself in this section is if you are filling out the report for someone else and you are not involved in the incident you are reporting). For non-members of the SSU community, please list a Driver's License number in the block labeled (ID Number), if available.

### Involved Party #1

What is your full name? \_\_\_\_\_

What is your role in the incident (victim, witness, alleged)? \_\_\_\_\_

What is your role at SSU (student, staff, faculty, visitor, vendor, other)? \_\_\_\_\_

What is your phone number? \_\_\_\_\_

What is your email address? \_\_\_\_\_

What is your SSU ID Number? \_\_\_\_\_

### Involved Party #2

What is your full name? \_\_\_\_\_

What is your role in the incident (victim, witness, alleged)? \_\_\_\_\_

What is your role at SSU (student, staff, faculty, visitor, vendor, other)? \_\_\_\_\_

What is your phone number? \_\_\_\_\_

What is your email address? \_\_\_\_\_

What is your SSU ID Number? \_\_\_\_\_

If more individuals are involved with this incident, please provide the information in the space below:

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## University Administration Details

Please indicate the type of University Administration topic this referral is regarding. You may choose more than one item from the categories below, if necessary. However, please be sure they are relevant to topic of this form submission.

- Violation of University Policy
- Academic Misconduct
- Code of Conduct Violation
- Academic Program or Course
- Academic Support
- Financial Aid
- Facilities# (incl. broken sink, light, etc.)
- International Affairs
- Photo ID
- Information Technology
- Registrar
- Library
- Student Affairs
- Disability Accommodations
- Veterans Affairs
- Student Life
- Alumni Services
- Campus security
- Other: \_\_\_\_\_

Please describe your comment, concern, query, escalation, or request for assistance in as much detail as possible.

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If this is a request for Exception to a University Policy, please detail the nature of the exemption and why the University should consider your request.

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## Additional Information

Please indicate what steps you have already taken regarding the topic of this referral (select all that apply).

- None Taken
- Met with person closest to the issue
- Met with other department member(s) to address the issue
- Have been referred to fill out this form

Describe any previous steps taken:

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What do you believe is an appropriate outcome of this referral:

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## Supporting Documentation

Please provide copies of any documentation or evidence to support this referral form. Supporting documentation and evidence can include but is not limited to copies of documents, videos, photos, voice recordings, email correspondence, text messages, screenshots of social media posts, etc.

## Submission

This form can be completed online or printed and submitted via email or by mailing.

Emailed copies of this report to can be sent to [CampusSafety@ssu.edu](mailto:CampusSafety@ssu.edu) or [TitleIX@ssu.edu](mailto:TitleIX@ssu.edu).

Printed copies of this form can either be hand-delivered to the local Campus Director or mailed to the Attention of the Director of Administration or Title IX Coordinator at Southern States University, 1094 Cudahy Place, Suite 120, San Diego, CA, 92110,

- Email me a copy of this report

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(date)