

Sexual Misconduct Incident Report Form

Responsible Employee: Name _____ Position _____

REPORTER (if not the **Complainant**): Name _____ Requests Anonymity¹ Yes No

Phone #(s) _____ e-mail _____

Address _____

Circle a contact source if the Title IX Coordinator should not use it to contact you.

Does the alleged victim know that the report is being filed? _____

COMPLAINANT/Alleged Victim: Name _____ Requests Anonymity¹ Yes No

Phone #(s) _____ e-mail _____

Address _____

Circle a contact source if the Title IX Coordinator should not use it to contact you.

RESPONDENT Name: _____

Phone #(s) _____ e-mail _____

Address _____

INCIDENT: Date _____ Time _____ Location _____

Witnesses _____

DESCRIPTION with as much detail as possible (use additional paper, if needed):

Signature

Date

¹Only the Title IX Coordinator will be informed unless: a) an imminent threat exists to the campus community or b) an emergency situation exists for the well-being of the complainant.