

Title IX Complaint/Reporting Form Student-to-Student Sexual Harassment

Please complete form as clearly and with as much detail as possible and to the extent you have such information.

Reporter Information

Name:

Reason for Making this Report

Are you making this report because you were a victim of an incident of student-to-student sexual harassment?

Yes ☐ No ☐

Are you making this report because you witnessed an incident of student-to-student sexual harassment?

Yes ☐ No ☐

Are you making this report because an incident of student-to-student sexual harassment was reported to you?

Yes ☐ No ☐

If you answered "Yes" to the above question, please indicate the:

- Name/title of the person who reported it to you:

- Date you verbally reported incident to the Title IX Coordinator:

Incident Overview

Name(s) of the students involved in the incident:

Date, Time, and Location

Date(s), time(s), and location(s) where the alleged behavior occurred (if known):

Witnesses

Please list the names of any witnesses or any individuals who may have information about the incident:

Description of Incident

Please describe the incident as clearly and with as much detail as possible (use additional pages if necessary):