

Do you have reason to believe this incident represents a present threat of harm or danger to the victim or other member(s) of the community? Yes No If yes, why:

Was a weapon involved? Yes No

Number of assailants/perpetrators: _____

If a single assailant/perpetrator describe:

Gender:_____ **Race:**_____ **Age:**____ **Height:**____ **Weight:**_____

Role of assailant perpetrator (s) on campus:

Student_____ **Faculty**_____ **Staff**____ **No campus role**____ **Unknown**____

Name of alleged assailant(s):* _____

Was there any evidence that this incident was motivated by the victim's (circle all that apply):

Race **Ethnicity** **Age** **Gender** **Sexual orientation** **Religion**

Other departments or individuals to whom the victim/reporter has reported this incident

Name of reporting victim * _____

Names and contact information for any relevant witnesses

* Any field denoted with an asterisk is a field that may be left blank by you if you intend for this report not to serve as actual notice to the college of harassment, discrimination, sexual assault or other civil rights violation for which notice will trigger an obligatory investigation by the college. Some employees are required to complete this form in full, while others may withhold from the fields designated with a *, depending on your role. Training has been provided on what you are required to report, but if you are unsure, please consult with your supervisor or the Title IX Coordinator.

