

Sexual Misconduct or Title IX Claim



The University is committed to addressing issues of sexual harassment, gender discrimination and sexual violence. We need and appreciate your sharing critical incidents or concerns with us.

This confidential form is designed to receive information pertaining to any specific incident or concern.

Your Name _____ Cell Phone # _____ Email _____

Information related to the incident

Location of the incident _____

Date of the incident _____ Approx. time of incident _____

Please indicate the type of sexual misconduct:

- Attempts at non-consensual contact (threat, intimidation)
- Non-consensual contact (touching)
- Non-consensual sexual intercourse
- Sexual exploitation (non-consensual video or audio-recording of sexual activity, voyeurism, etc.)
- Sexual harassment (unwelcome, gender-based verbal or physical conduct)
- Other

Information regarding the alleged victim

Name of the alleged victim _____ Gender M F

Select the choice that best describes the alleged victim:

- Cairn University student
- Faculty or staff
- Non-student, community member
- Visitor

Information regarding the respondent (the person alleged to have committed the act)

Name of the respondent _____ Gender M F

Select the choice that best describes the respondent:

- Cairn University student
- Faculty or staff
- Non-student, community member
- Visitor

Were any other individuals involved? If so, please indicate how many, their names, and gender: _____

Read carefully before submitting report

By signing and submitting this claim, you confirm that you understand that all reports will be reviewed. Confidentiality is an important value; however, the University has an obligation to interview individuals or review organizations or events that might violate University policy and create an unsafe environment.

Reporter's signature _____ Date _____

For internal use only

Date received MM/DD/YYYY: ____/____/____