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: ___ ___ / ___ ___ / ___ ___ ___ ___