



## Student Incident Intake Form

### Preliminary Assessment of Incident Type:

- Title IX Sexual Harassment       Bullying       Harassment  
 Other \_\_\_\_\_
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### **REPORTER INFORMATION:**

Case Number: \_\_\_\_\_  
Reporter Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Student ID: \_\_\_\_\_ Campus: \_\_\_\_\_  
Employee ID: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Employee's School/Office Location: \_\_\_\_\_

### **Type of Prohibited Conduct [Title IX Sexual Harassment Only]:**

Discrimination based on: (Check all that apply)

- Sexual Harassment    Sexual Assault    Gender Based Harassment    Dating Violence  
 Stalking    Retaliation    Cyber Bullying    Other

### **Date Incident Occurred:**

Earliest \_\_\_\_\_

Latest \_\_\_\_\_

- Continuing Action

### **ALLEGED VICTIM'S INFORMATION:**

Name: \_\_\_\_\_

School/Department: \_\_\_\_\_ Job Title \_\_\_\_\_

Email: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Student ID: \_\_\_\_\_ Campus: \_\_\_\_\_

Extra-Curricular Activities: \_\_\_\_\_



**Were there any witnesses to this matter? (Please circle) Yes No**

If yes, please list those who witnessed the incident(s) or have knowledge of the incident. Please attach additional names if needed.

Name: \_\_\_\_\_ School/Department: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ School/Department: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ School/Department: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Did the reporter discuss the incident with any witnesses previously identified?**

**(Please circle) Yes No**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Method or Communication: \_\_\_\_\_

**Please identify any administrators, district employees, or law enforcement agency to whom a report has been made:**

Reported to (Name): \_\_\_\_\_ Date: \_\_\_\_\_

Describe how concerns were reported:

Results: \_\_\_\_\_

Reported to (Name): \_\_\_\_\_ Date: \_\_\_\_\_

Describe how concerns were reported:

Results: \_\_\_\_\_

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Report taken by:

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**Campus Administrator**

**Date**

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**REFERRAL TO TITLE IX COORDINATOR**

Referred to Title IX Coordinator: [  ] Yes [  ] No

Date of Referral: \_\_\_\_\_