Sexual Misconduct Report Form
Sexual Misconduct includes: Sexual Violence, Stalking, Dating and Domestic Violence, and Gender-Based Harassment

Please indicate whether this is an Anonymous or Formal Report:

☐ Anonymous Report: Any individual (*excluding a Campus Security Authority (CSA)/Responsible Employee) may make an anonymous report concerning an act of sexual misconduct. An individual may report the incident without disclosing his/her name, identifying the respondent or requesting any action. Depending on the level of information available about the incident or the individuals involved, however, the college's ability to respond to an anonymous report may be limited.

*Campus Security Authorities/Responsible Employees are not permitted to report anonymously. A CSA/Responsible Employee must complete a Formal Report.

Please return your Anonymous Report in a sealed envelope to the Director of Campus Safety, Department of Campus Safety, James House, 541 Main Street, New London, NH 03257. All reports will go to the Title IX coordinator.

☐ Formal Report: The Title IX coordinator will reach out to the student to offer support and resources. Before using this form to report an incident/assault that has been discussed with you, inform the individual of your obligation to complete this form and offer to complete the form together.

As an institution, it is our goal to determine the details of these types of incidents so that we may direct people to the appropriate resources and offer assistance wherever possible. In addition, we hope that having a greater understanding of what happens on campus will benefit our community as we try to design and implement future educational and intervention efforts.

Please return your Formal Report in a sealed envelope to the Title IX Coordinator or a Deputy Coordinator.

1. Are you reporting an incident/assault that happened to you or an incident/assault discussed with you?
   - ☐ Incident/assault happened to me (Please skip to question 4)
   - ☐ Incident/assault was discussed with me by the reporting student
   - ☐ Incident/assault was discussed with me by someone other than the reporting student

2. Reporter (Formal Report ONLY): ___________________________ Phone: ________________

3. When did the reporting student first discuss the incident/assault with you?
   ________________________________________________________________

4. Did the incident occur while the reporting student was enrolled at Colby-Sawyer?
   - ☐ Yes
   - ☐ No
5. Reporting student’s Sex ___________ Gender Expression ___________ Race ___________
   Age ___________ Year in School ___________

6. Reporting student’s Residence: _________________________________________________
   
   □ Residence Hall   □ CSC owned house   □ Off Campus

7. Location of the incident/assault
   On-Campus (check appropriate response below)
   
   □ Residence Hall   □ CSC Owned or Controlled Property (not a residence hall)   □ Off Campus

8. Describe location of the incident/assault (name of building, street, etc.):
   ______________________________________________________

9. Time and Date of the incident/assault:
   ______________________________________________________

10. Was the incident/assault associated with an organized event (campus sponsored or not)?
    □ No   □ Yes, Please specify: _________________________________________________

11. Describe the incident/assault (check all that applies):
    
    □ Sexual Harassment
    □ Sexual Contact (fondling, kissing, petting, but not penetration) without consent
    □ Attempted intercourse without consent (penetration did not occur)
    □ Intercourse (oral, anal, or vaginal penetration by penis or other object) without consent
    □ Exposure of the accused persons genitals without reporting student’s consent
    □ Dating/Domestic Violence
    □ Stalking
    □ Other (please describe) _________________________________________________

12. Was either party under the influence of alcohol or other drugs at the time of the
    incident/assault?
    Reporting student: Alcohol? □ Yes   □ No   □ Unsure  Other Drugs? □ Yes   □ No   □ Unsure
    Accused: Alcohol? □ Yes   □ No   □ Unsure  Other Drugs? □ Yes   □ No   □ Unsure

13. Describe the pressure or force used by the accused (Check all that apply):
    
    □ Verbal pressure or arguments
    □ Position of authority (supervisor, professor, college administrator, etc.)
    □ Threat of physical force (with or without weapon)
    □ Use of physical force (hit, held down, etc.)
□ Gave the reporting student alcohol or drugs resulting in significant incapacitation
□ Reporting student was unconscious or blacked out during incident/assault
□ Reporting student suspects that “date rape drugs” were involved in the incident/assault
□ Other (please describe) ________________________________

14. Was a weapon used in the incident/assault?
□ No  □ Yes, type: ________________________________

15. Number of those who are accused: _____ Description of accused:
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________

16. Status of accused:
□ Student  □ Faculty  □ Staff  □ No campus role  □ Unknown

17. Describe the nature of the relationship of the accused to the reporting student prior to the incident/assault:
□ Stranger  □ Spontaneous date (i.e. met at bar or party)  □ Planned first date
□ Romantic acquaintance/on-going relationship  □ Friend or nonromantic acquaintance
□ Relative  □ Other (describe) ________________________________

18. Other departments at Colby-Sawyer the reporting student has reported this incident/assault to or discussed it with:
______________________________________________________________________________

19. Other individuals at Colby-Sawyer the reporting student has talked with about this incident
□ Friend  □ AC/RA  □ Faculty member  □ Staff member  □ Other ______

20. Did you refer the reporting student to other resources on or off campus?
□ No  □ Yes, (describe) ________________________________

21. Does the reporting student want to be contacted by a counselor? _________________

22. Name of reporting student **(Formal Report ONLY)**
____________________________________________

23. How to contact reporting student **(Formal Report ONLY)**
____________________________________________

**FILING YOUR REPORT**

**Anonymous Report:** Please return your report in a sealed envelope to the Director of Campus Safety, Department of Campus Safety, James House, 541 Main Street, New London, NH 03257

**Formal Report** Please return the report in a sealed envelope to the Title IX Coordinator, Robin Davis.
Confidential Resources and Support

On-Campus:
Baird Health and Counseling Center
(603) 526-3621
Counselors are available during regular office hours. Riverbend counselors are also available on call after hours and can be reached through the Campus Safety Emergency Line.

For Employees:
Employee Assistance Plan
(800) 828-6025

Off Campus
Crisis Center of Central New Hampshire
(866) 841-6229
The CCNH provides confidential crisis counseling 24 hours a day relating to rape or sexual assault via its 24-Hour Crisis Line.