



## **Title IX Reporting/Complaint Form**

**Bellin College has responsibilities to report issues related to employee and student welfare such as sexual harassment, sexual violence, and sexual discrimination to the Mandatory Reporters (Title IX Coordinator or Deputy Title IX Coordinators)**

**Instructions:** Please complete this form to the best of your ability. Report only one incident per form. By disclosing this information you are filing a formal report to the Title IX Coordinator. This report may warrant a formal investigation. This form will be submitted to Dr. Nancy Burruss, Title IX Coordinator.

If this is an emergency, please call 911 or contact the Department of Public Safety.

**Please enter your contact information below:**

Name

Phone number

Email address

Are you a student?

Are you an employee?

**How did you become aware of this incident or situation?**

This is a self-report (the situation I'm reporting happened to me).

It was reported to me by the victim.

I was a witness to the incident or situation (I saw or heard the situation).

It was reported to me by a third-party.

Anonymous (I received the information anonymously).

**When did you become aware of the incident (the day and time you received the information)?**

Date (MM/DD/YY)

Approximate time (a.m./p.m.)

**Do you know when the incident occurred? If so, please list the date/time:**

Date (MM/DD/YY)

Approximate time (a.m. /p.m.)



**Do you know where the incident occurred? If so, please indicate the location below:**

Campus building (within the building, room number etc.)

Campus grounds (in a parking lot, near the building, etc.)

Off-campus

Other (please specify)

**Are you able to indicate the specific location?**

Location:

**Please describe the incident in as much detail as possible:**

**Was a weapon, drugs, or alcohol involved in the incident?**

Yes (please explain)

No

Unsure (please explain)

**Please provide the name(s) of the accused individual(s) committing the act of sexual discrimination (including sexual violence and/or sexual harassment) in this situation.**

**How is the accused individual(s) affiliated with Bellin College? (For example, student, employee, visitor/guest, no campus role, or unknown)**



**Was there any evidence that this incident was motivated by the victim's/complainant's (select all that apply):**

- Race
- Ethnicity
- Age
- Gender
- Sexual orientation
- Religion
- Disability
- National origin
- Veteran status

**Are there any other individuals to whom the victim/complainant has reported the incident? If so, please list the names of these individuals below:**

**Does the victim/complainant know that this information is being reported to the Title IX Coordinator?**

- Yes
- No

**Does the victim/complainant understand what it means to file a complaint?**

- Yes, I am choosing to go forward with an investigation.
- No, I am choosing not to go forward with an investigation.

*I understand that Bellin College is obligated under federal law to investigate all complaints related to possible Title IX violations and sexual misconduct. I understand and agree that the information I provide on this form and the information provided to the investigator may need to be shared with the respondent and other witnesses. The information may also be shared with Bellin College Title IX Team, administrators or others involved in administering the complaint procedures. Any information that is shared will be done in a way that protects and respects the privacy of those involved as much as possible.*



\_\_\_\_\_  
*Victim/Complainant Signature*

\_\_\_\_\_  
*Date*

*Did someone assist you with filling out this form? If so, \_\_\_\_\_*  
*(Name)*

Thank you for completing this form. Your form will be carefully reviewed by the Title IX Coordinator and the Deputy Coordinators in the Student Services Office.

Due to the sensitive nature of sexual violence, sexual harassment, and sexual discrimination, the victim/reporting party may need additional support and resources. You are encouraged to confidentially contact any of the following resources available 24/7:

- Life Matters Student Assistance Program..... (855) 695-2818
- Sexual Assault Center..... (920) 436-8899
- Golden House..... (920) 432-4244
- Crisis Center..... (920) 436-8888
- SANE, Sexual Assault Nurse Examiner, St. Vincent Hospital..... (920) 433-8384