

ANONYMOUS COMPLAINT OF SEXUAL MISCONDUCT
Sexual Harassment / Sexual Assault / Sexual Violence

This form is to file an anonymous complaint of Sexual Misconduct: Sexual Harassment, Sexual Assault, Sexual Violence, Stalking, Threatening, Dating violence, Domestic violence, etc.

Alleged incident took place on or about

Month_____ Day_____ Year_____

Is the behavior/action which you are reporting still continuing? * Please Make a Selection

- Yes
 No

Please provide as much information as possible regarding the party that committed the act you wish to report. Check the appropriate box below regarding the name and/or information about the person:

Name and contact information, if unknown leave blank.

Name: _____

Address: _____

Phone: _____ *Enter a valid Phone Number: xxx-xxx-xxxx

Other identifying information: _____

- Student
 Staff
 Faculty
 Administrator
 Other (non-campus)

DESCRIBE THE HARASSMENT, ASSAULT OR VIOLATION: Please provide a description of the violation committed against you, or the acts you witnessed committed against someone else. Please include a description of the acts, dates, known names of individuals involved, and/or names and/or contact information of any witnesses. Type or write printing legibly and continue on reverse side, if necessary.



Please state type of action you want taken or what remedy are you seeking to address the situation?
