



## Sexual Misconduct Incident Report

*This form is to be completed by a responsible employee to whom a student, faculty or staff member has chosen to make a report. **Please print a copy of the resource list, sexual misconduct policy and rights and options document and give them to the reporting student. Upon receiving a complaint, immediately notify Mrs. CaDedria Hill, Compliance Officer/Title IX Coordinator at (229) 809-1113, and submit this document to her within 24 hours of receiving the report.** Submit this form to the Title IX Office located at Rm. 231 in the Reese Bldg. or call Mrs. Hill for further instructions. **DO NOT COPY THIS DOCUMENT.***

### Acknowledgement

By completing and submitting this form with my signature, I:

- \_\_\_\_\_ am initiating a Title IX administrative complaint for which I request an investigation in accordance with the process outlined in the ASU Student Code of Conduct and Sexual Misconduct Policy. I understand this report will be forwarded to the Title IX Coordinator. Further, I understand that the University seeks to preserve my rights including privacy as well as ensure that I have access to campus resources; and therefore, will only share the information obtained in this report with other individuals who have a legitimate need to know.
- \_\_\_\_\_ do/do not (circle one) wish to file a criminal complaint with Albany State University Police Department and/or local law enforcements, \_\_\_\_\_. I understand that if I file a criminal complaint, ASU Police Department and/or the local law enforcement will initiate an investigation which may result in the accused individual being charged and subsequently prosecuted for his/her actions. Further, I understand that even if I elect not to file criminal charges, in order to comply with state and federal laws, any incident of sexual assault, domestic violence, dating violence and/or stalking reported to the Albany State University Police Department must also be reported to the Title IX Coordinator.
- \_\_\_\_\_ choose to make a confidential report to a licensed counselor and/or healthcare worker. I understand that the licensed counselor and/or healthcare worker cannot release information to anyone without my consent unless it is determined that there is a risk of harm to myself or others within the campus community. I understand that I reserve the right to pursue administrative and/or criminal actions at a later date. Further, I understand that if I choose to make a confidential report, the University will be limited regarding any actions that may be taken on my behalf. (DO NOT SIGN THIS FORM IF YOU WISH TO MAKE A CONFIDENTIAL REPORT.)
- \_\_\_\_\_ understand that the University strongly encourages reporting of facts and circumstances related to incidents which may result in a member or members of the campus community being excluded from participation in or denied the benefits of education and/or employment opportunities. I understand that administrators have the best opportunity to ensure the safety and wellbeing of all members of the campus community when a full report including my name, the date, time, location and circumstances of the incident are reported. However, at this time, I choose to make an anonymous report and reserve the right to make a full report at a later date. I understand that because I have elected to make an anonymous report, the University will be limited regarding any actions that may be taken on my behalf. Finally, I understand that if an anonymous report is made, in order to comply with state and federal laws, the date, time, location and specifics of any incident of sexual assault, domestic violence, dating violence and/or stalking will be reported to the Title IX Coordinator and Albany State University Police Department.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Section I.

Date the Report was received: \_\_\_\_\_

Responsible Employee/Campus Security Authority: \_\_\_\_\_

Department: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Date of the Incident: \_\_\_\_\_ Time of the Incident: \_\_\_\_\_ a.m. / p.m.

Where did the incident occur? \_\_\_\_\_

Type of Incident ☐ Discrimination ☐ Retaliation ☐ Sexual Harassment ☐ Sexual Assault  
☐ Sexual Exploitation ☐ Dating Violence ☐ Domestic Violence ☐ Stalking  
☐ Hostile Work/Learning Environment

Did the incident occur while the alleged victim was employed by or enrolled at Albany State University? ☐ Yes ☐ No

Was the incident/assault associated with an organized event or campus sponsored?

☐ Yes. (Specify) \_\_\_\_\_ ☐ No

Was either party under influence of alcohol or other drugs at the time of the incident?

Alleged Victim –Alcohol- ☐ Yes ☐ No ☐ Unsure      Drugs ☐ Yes ☐ No ☐ Unsure

Respondent- Alcohol- ☐ Yes ☐ No ☐ Unsure      Drugs ☐ Yes ☐ No ☐ Unsure

Was a weapon used in the incident? ☐ Yes. (Specify) \_\_\_\_\_ ☐ No ☐ N/A

## Section II: Reporting Individual's ASU Student ID \_\_\_\_\_

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

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_

How do you prefer to be contacted? ☐ Phone ☐ E-mail ☐ Mail

Affiliation with the University: \_\_\_student \_\_\_staff \_\_\_faculty \_\_\_visitor

\_\_\_other: (specify) \_\_\_\_\_

Gender: ☐ male ☐ female      Race \_\_\_\_\_

If you are a student, what is your classification? ☐ Freshman ☐ Sophomore  
☐ Junior ☐ Senior

### Section III: Respondent Information

**Respondent 1 ASU Student ID** \_\_\_\_\_

Name: _____	Known to you? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address: _____	Phone Number: (____) _____ - _____
If known to you, what is your relationship to the respondent? _____	
E-mail: _____	
Affiliation with the University: <input type="checkbox"/> student <input type="checkbox"/> staff <input type="checkbox"/> faculty <input type="checkbox"/> visitor <input type="checkbox"/> Other: (specify) _____	
Gender: <input type="checkbox"/> male <input type="checkbox"/> female Race _____	
Classification? <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Other	

**Respondent 2 ASU Student ID** \_\_\_\_\_

Name: _____	Known to you? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address: _____	Phone Number: (____) _____ - _____
If known to you, what is your relationship to the respondent? _____	
E-mail: _____	
Affiliation with the University: <input type="checkbox"/> student <input type="checkbox"/> staff <input type="checkbox"/> faculty <input type="checkbox"/> visitor <input type="checkbox"/> Other: (specify) _____	
Gender <input type="checkbox"/> male <input type="checkbox"/> female Race _____	
Classification? <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Other	

**Respondent 3 ASU Student ID** \_\_\_\_\_

Name: _____	Known to you? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address: _____	Phone Number: (____) _____ - _____
If known to you, what is your relationship to the respondent? _____	
E-mail: _____	
Affiliation with the University: <input type="checkbox"/> student <input type="checkbox"/> staff <input type="checkbox"/> faculty <input type="checkbox"/> visitor <input type="checkbox"/> other: (specify) _____	
Gender <input type="checkbox"/> male <input type="checkbox"/> female Race _____	
Classification? <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Other	

## Section IV.

**Who else, if anyone, has been notified about this incident (include names and contact information)?**

Name: _____	Contact information: (____) ____ - _____
Name: _____	Contact information: (____) ____ - _____
Name: _____	Contact information: (____) ____ - _____
Name: _____	Contact information: (____) ____ - _____

## Section V.

**Are there any other witnesses?**

<b>Witness 1 Name:</b> _____	<b>Contact information:</b> (____) ____ - _____
<b>Relation to you:</b> _____	
<b>Witness 2 Name:</b> _____	<b>Contact information:</b> (____) ____ - _____
<b>Relation to you:</b> _____	
<b>Witness 3 Name:</b> _____	<b>Contact information:</b> (____) ____ - _____
<b>Relation to you:</b> _____	
<b>Witness 4 Name:</b> _____	<b>Contact information:</b> (____) ____ - _____
<b>Relation to you:</b> _____	

## Section VI.

**Please describe the incident as completely as possible.** Provide as much detail as possible, including who was there, and if known, whether participants are faculty, student or staff; if possible, list the sequence of events and what if anything was said, and list any injuries you may have suffered. If you need to give additional information please continue on an additional sheet. PLEASE PRINT.

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## **Section VII.**

**What action/remedy are you seeking? Do you have an immediate need for safety or health care?**


**Questions about making a report? Please contact:**

### **Title IX**

**CaDedria D. Hill**

Compliance Officer/Title IX Coordinator

Office #231 Reese Building

(229) 430-0538 (office)

(229) 809-1113 (cell)

[Cadedria.hill@asurams.edu](mailto:Cadedria.hill@asurams.edu) (e-mail)

### **Albany State University Police Department**

504 College Drive

Albany, Georgia

(229) 430-4711 (office)

### **Counseling and Student Disability Services Center**

Licensed Counselors:

**Dr. Stephanie Harris-Jolly, LPC,CPCS**

[stephanie.harris-jolly@asurams.edu](mailto:stephanie.harris-jolly@asurams.edu)

(229) 903-3610

or

**Mrs. Jennifer King, M. Ed.,CSC,LPC**

[jennifer.king@asurams.edu](mailto:jennifer.king@asurams.edu)

(229) 903-3614