

# SAINT AUGUSTINE'S UNIVERSITY

## SEXUAL MISCONDUCT INCIDENT REPORT

Complainant's Information (the victim of alleged sexual misconduct)		
Name:		
Affiliation to Saint Augustine's (student, faculty, staff, other):	Email:	Phone:
Current address:		
City:	State:	ZIP Code:
Complainant's Preference for Complaint Processing (please check one):		
No Action <input type="checkbox"/>	Voluntary Resolution <input type="checkbox"/>	Formal Complaint <input type="checkbox"/>
Respondent's Information (the individual accused of alleged sexual misconduct)		
Name (If known):		
Affiliation to Saint Augustine's (student, faculty, staff, other):	Email:	Phone:
Current address:		
City:	State:	ZIP Code:
Incident Information		
Date and Time of Incident:		
Location or Address of Incident:		
Description of the Incident (please be as detailed as possible by including the type of alleged misconduct, circumstances of contact with the respondent, etc.). Additional pages may be attached.		
Have you Sought Medical Attention? Yes <input type="checkbox"/> No <input type="checkbox"/>	Has law enforcement been contacted? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please provide details of contact.	
Has this incident been reported to anyone else at SAU? If so, please provide that individual's name.		
Complainant's Desired Remedy or Corrective Action:		
Witnesses		
Name:	Title/Relationship to the Parties:	Phone:
<b>I declare that the information provided on this form is true and correct.</b>		
Signature of Complainant or Respondent:		Date:
Signature of Title IX Coordinator or Designee:		Date: