



OFFICE USE ONLY: Clery Reporting Only: _____ Received by Title IX Coordinator: _____ Date: _____ Initial: _____
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SEXUAL MISCONDUCT/HARASSMENT CAMPUS WIDE INCIDENT REPORT FORM

Morehead State University, in compliance with Title IX, the Campus SaVE Act and the Clery Act, requires reporting of any sexual misconduct or harassment.

Instructions: Complete the information requested below. Report only one incident per form. If necessary, attach additional documentation to thoroughly complete each description. Please return this form to the Title IX Coordinator or any Deputy Title IX coordinator within 24 hours of becoming aware of any report. **Submission of this form should be to: mail or in person: 301 Howell-McDowell; email: titleixcoordinator@moreheadstate.edu; FAX: 606-783-5028.**

Your name: _____

MSU ID (if applicable): _____ Faculty Staff Student

Address: _____

Phone: _____ Email: _____

Are you the: Victim Bystander Responsible Employee Other: _____

If you are not the victim, please provide as much contact information for the victim as is known:

Date of Incident: _____ Time of Incident: _____ Location of Incident: _____

The location was: (check one of the following)

On-Campus Residence Hall Public Property Off-Campus Other

Please describe the incident in as much detail as possible: (extra space provided on page 2)

Additional space, if needed:

Were there witnesses? *If so, please provide names and contact information:*

Do you have reason to believe this incident represents a threat of harm or danger to the victim, yourself, or other members of the community? YES NO

If YES, please explain why: _____

Was a weapon involved? YES NO **Number of assailants:** _____

Describe assailant(s): *(Include: gender, race, age, height, weight, hair color, eye color, clothing, unique identifiers such as tattoos, piercings, etc.)*

Role of assailant on campus: Student Faculty Staff No Campus Role Unknown

Name of alleged assailant(s): _____

Have you reported this incident to the police? Yes No

If yes, agency name: _____

Have you reported this incident to anyone else? Yes No *If so, who?*

Signature _____ **Date:** _____