Sexual Misconduct
Incident Report Form
East Stroudsburg University

Title IX provides protection from sex-based discrimination, harassment, or gender violence (collectively referred to as "sexual misconduct") at any educational institution receiving federal funding; and the regulations apply to women and men including gender non-conforming individuals. While students are the primary focus of Title IX, the regulations also require that we take certain steps to report acts of violence involving all campus constituencies, including faculty and staff. Members of the University Community are urged to report any instances of sexual misconduct.

The purpose of this report form is to provide a uniform mechanism for members of the University Community to report initial information about sex-based incidents to the University Title IX Coordinator for appropriate follow-up by the University. The information provided on this form is used to reach out to potential victims and offer support and information on available resources. Where required, the information provided on this form may also be used by the University to comply with its obligation to track criminal activity.

Name of Person Completing this Report: _____

Check the Appropriate Box: ☐ Victim ☐ Non-Victim Reporter

Note to Non-Victim Reporters: When you are completing this report based upon information shared with you by the victim of sexual misconduct, it is important to inform the victim that the University (through the Title IX Coordinator) is obligated to investigate the incident and that she/he will receive a follow up contact after this report has been filed.

Reporter's Role on Campus:

☐ Student ☐ Faculty ☐ Staff ☐ Volunteer ☐ Other (Please specify: _____)

Location of the Incident: _____

Did the incident occur at or during an East Stroudsburg University program, as a result of membership or participation with a University recognized organization, or affiliated entity (Student Activity Association or East Stroudsburg University Foundation)? ☐ Yes ☐ No

If Yes, Please Specify: _____

_____

_____

Non-Victim Reporter: Incident was brought to your attention by:

☐ Victim ☐ Witness ☐ Other (Please specify _____)

All Reporters: Police Report Filed: ☐ Yes ☐ No **Date Filed:** _____ ☐ Unknown

ESUPD#: _____

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<u>Non-Victims</u>: Name of the Victim: _____

<u>All Reporters</u>:

Victim's Address (Local): _____

_____

_____

Victim's Contact Information: _____

Name of the Alleged Offender: _____

Alleged Offender's Address (Local): _____

_____

_____

Alleged Offender's Contact Information: _____

East Stroudsburg University Affiliation of Alleged Offender:

☐ **Student** ☐ **Faculty** ☐ **Staff** ☐ **Unknown**

Description of the Alleged Offender: Gender _____ Weight _____ Height _____ Age ___

Description of the Incident: _____

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Description of the Incident (Continued): _____

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Signature of Person Completing the Narrative: _____

Date: _____ **Phone Number:** _____

Address: _____

Street City State Zip Code

Thank you for submitting this report. Your commitment to the safety of all members of the East Stroudsburg University community is appreciated.

THE FULL REPORT SHOULD BE SUBMITTED TO:

Title IX Coordinator
121 Reibman Administration Building
East Stroudsburg University
East Stroudsburg, PA 18301