

Report Form for Sexual Misconduct



Complainant's Information (Person affected by sexual misconduct)

Complainant's Name: _____
Complainant's Age: _____

Complainant's Affiliation to Clarkson College:
 Student Faculty Staff Not affiliated other: _____

Complainant's Contact Information:
Email: _____
Telephone: _____

Today's Date: _____

Offender's Information (Person believed to have initiated the sexual misconduct)

Offender's name (if known): _____

Offender's affiliation to Clarkson College:
 Student Faculty Staff Not affiliated other: _____

Reporter's Information (Person reporting the incident) (optional)

I (the person making this report) would like to be contacted by someone from the following Clarkson College offices (please check as many as apply):

- Title IX Coordinator (Director of Student Support Services)
 Counselor

Please contact me using the following phone number and/or e-mail address:

Name: _____ Phone: _____ e-mail: _____

Incident Information

Date of Assault: _____ Time of Assault: _____ Location of the Assault: _____

Description of the Incident (nature of the misconduct, context of circumstances, etc): _____

Turning in this Form

Please return this form to the Title IX Coordinator (located in Success Center) or mail this form to the following address:

Dr. Kris Hess
Title IX Coordinator
Clarkson College
101 S. 42nd St.
Omaha, Nebraska 68131