

# 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
- 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 on sixth floor of the main Clarkson College Building) or mail this form to the following address:

**Dr. Andrea Walker**  
Title IX Coordinator  
Clarkson College  
101 S. 42<sup>nd</sup> St.  
Omaha, Nebraska 68131