

## Sexual Misconduct Referral Incident Report

This form is intended to convey information needed to track the University's response to the incident being reported, as well as to assess the danger the incident represents to the University community at large. All efforts must be made to maintain the victims anonymity; no information should be included which might identify the victim/survivor. The victim may refuse to answer any or all items on this form: However, the report that a sexual offense occurred must be made. This form is to be forwarded to the Title IX Coordinator and the appropriate Deputy Title IX Coordinator.

Please do not complete this form if you are a victim/survivor of sexual assault or misconduct. To file a complaint of Sexual Assault or Harassment contact:

- Coppin State University, Office of Human Resources, Compliance  
[TitleIX.Coordinator@coppin.edu](mailto:TitleIX.Coordinator@coppin.edu) or call 410.951.3666  
Dr. Lisa Horne Early, Assist. V.P., Human Resources, Title IX Coordinator
- Title IX Deputy Coordinator for Students  
Dr. Michael Freeman, VP, Enrollment Management & Student Affairs  
[mfreeman@coppin.edu](mailto:mfreeman@coppin.edu) or call 410.951.3593

**For more information please refer to:**

- CSU's Sexual Misconduct Policy
- USM's Policy of Non-Discrimination on the Basis of Sexual Orientation

**Part I: This information will be used for educational, statistical and preventative purposes.**

<b>Reporters Name:</b> _____ <b>Department:</b> _____ <b>Phone:</b> _____ <b>Date of Discussion With Victim:</b> _____ <b>Victims Age:</b> _____ <b>Academic Year:</b> _____ <b>Sex:</b> _____ <b>Date of Incident:</b> _____ <b>Time of Incident:</b> _____ <b>Was the Victim incapacitated by any of the following:</b> <b>Alcohol:</b> _____ <b>Other Drugs:</b> _____ <b>Other:</b> _____	<b>Other departments or agencies to which the victim reported or plans to report this offense:</b> <input type="checkbox"/> Residential Services <input type="checkbox"/> Campus Police <input type="checkbox"/> Counseling Center <input type="checkbox"/> Local Police <input type="checkbox"/> Student Affairs <input type="checkbox"/> Health Clinic <input type="checkbox"/> Provost <input type="checkbox"/> VP of Student Affairs <input type="checkbox"/> On Campus Resource Center <b><u>Victim:</u></b> <input type="checkbox"/> Does not want to file charges with the police <input type="checkbox"/> Does want to file charges with police <input type="checkbox"/> Plans to report incident for University judicial proceedings <input type="checkbox"/> Does not plan to report for University judicial proceedings
<b>Describe the nature of the relationship between the victim and the assailants prior to the incident :</b> <input type="checkbox"/> Spontaneous Date (i.e., met at party) <input type="checkbox"/> Relative <input type="checkbox"/> Planned First Date <input type="checkbox"/> Friend/Non-romantic Acquaintance <input type="checkbox"/> Stranger <input type="checkbox"/> Romantic Acquaintance/Ongoing Date	

**Part II: Although the victims anonymity will be maintained if she/he chooses not to file charges, the following information may be used (a) in a campus alert in accordance with the Campus Security Act and/or (b) by the University Police.**

**Occurred on Campus?**

Yes  No

**If offense occurred on campus, indicate where:**

Residence Hall Which hall: \_\_\_\_\_

Other campus building Which building: \_\_\_\_\_

Outdoors Where: \_\_\_\_\_

Automobile

Off Campus Location Address: \_\_\_\_\_

**Describe the sexual offense (check one):**

Sexual Assault

Sexual Harassment

Assault I - Intercourse (oral, anal, or vaginal penetration by penis or other object) without consent

Sexual Intimidation

Assault II - (fondling, kissing, petting, but not penetration) without consent

Sexual Misconduct

Sexual Violence

Sexual Exploitation - Taking non-consensual or abusive sexual advantage of another person for ones own advantage or benefit of anyone other than the person being exploited

Stalking

Other: \_\_\_\_\_

**Number of Assailants:** \_\_\_\_\_

**Describe:**

Sex \_\_\_\_\_

Race \_\_\_\_\_

Age \_\_\_\_\_

Height \_\_\_\_\_

Weight \_\_\_\_\_

**Describe:**

Sex \_\_\_\_\_

Race \_\_\_\_\_

Age \_\_\_\_\_

Height \_\_\_\_\_

Weight \_\_\_\_\_

**Role of assailants on campus (check):**

Student

Staff

No campus role

Faculty

Other

**Name of Assailant(s):** \_\_\_\_\_