Marquette University Title IX Incident Reporting Form

Instructions: Please complete this form to the best of your ability. Report only one incident per form. Please submit this form to the Title IX Coordinator within 24 hours of becoming aware of any incident.

Marquette University requires that all faculty and staff report issues of sexual violence, discrimination and sexual misconduct to the Title IX Coordinator or to the Marquette University Police Department.

If you are reporting an incident on behalf of someone else, whenever possible, please be sure the person disclosing information to you understands that this form is NOT CONFIDENTIAL, and if you are faculty or staff that you are obligated to report this information to Marquette University officials. If the individual does not know that you are reporting his incident, please indicate this in the area below.

BACKGROUND INFORMATION

Your full name: ________________________________

Your position/title: ________________________________

Your phone number: ________________________________

Your email address: ________________________________

Your physical address: ________________________________

Date of the incident: ________________________________ Time of the incident: ________________________________

Location of the incident

  On Campus — indicate location: ________________________________

  Residence Hall — identify RH: ________________________________

  Campus Town East: ________________________________

  Campus Town West: ________________________________

  Off Campus — indicate location: ________________________________

INVOLVED PARTIES

You are encouraged to include names of all involved parties (complainant, respondent, witnesses, reporting party).

(If more space is needed, please attach additional pages.)

<table>
<thead>
<tr>
<th>Name or organization</th>
<th>Email address and phone number</th>
<th>Physical address</th>
<th>Role (complainant, respondent, etc…)</th>
<th>Student ID Number</th>
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How did you become aware of this incident/situation? (If more space is needed, please attach additional pages.)

____________________________________________________________________________________________________________________________________________________

When did you become aware of the incident (the day you received the report)?

____________________________________________________________________________________________________________________________________________________

Please describe the incident in as much detail as possible. (If more space is needed, please attach additional pages.)

____________________________________________________________________________________________________________________________________________________

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Are there any other individuals to whom the complainant/victim has reported the incident? If so, please list the names, emails and phone numbers if known. (If more space is needed, please attach additional pages.)

____________________________________________________________________________________________________________________________________________________

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Does the complainant/victim know you are submitting this report? Yes ______  No ______

Is there supporting documentation? For example, photos, email, medical reports, video surveillance, text messages?

What type of documentation? ____________________________________________________________________________

____________________________________________________________________________________________________________________________________________________

Who has possession of the documentation? ________________________________________________________________________

____________________________________________________________________________________________________________________________________________________

Please submit this form to:

Cara Brook Hardin, J.D.  or  Marquette University Police Department
Interim Title IX Coordinator
AMU 437
414.288.1742  or  749 N. 16th Street
cara.hardin@marquette.edu  or  Milwaukee, WI  53233
414.288.6800  Emergency Phone: 414.288.1911
Non-emergency Phone: 414.288.6800