



**Title IX Intake Form**

Complainant:	Date of Intake:
Type of Allegation: <input type="checkbox"/> Sexual Harassment (non-violent)	
Sexual Harassment Involving: <input type="checkbox"/> Violence <input type="checkbox"/> Dating Violence <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Stalking	
Describe:	
Date of Incident:	Location of Incident:
Respondent: <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Union: _____	
Job Title: _____ <input type="checkbox"/> Other(explain): _____	
Clery Act Reportable: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date reported for Clery: _____	
Person Handling Intake:	Initial Reporter:

**INFORMATION ON RESOURCES & REPORTING PROVIDED TO COMPLAINANT**

Provided and Explained to Complainant	Yes	No	Date Completed	Comments and Action Steps
[Complaint options]				
[Victim's Rights]				
[Accommodations for housing, classes, work, transportation]				
[No Contact information]				
[Campus and Community Resources]				
[Medical information]				
[Disciplinary Process]				
Other (explain)				

**COMPLAINT & INVESTIGATION**

	<b>Yes</b>	<b>No</b>	<b>Date</b>	<b>Comment/Action Step</b>
Does the complainant want to file a formal complaint?				If no, informed that he/she may file at a later date?
Does the complainant want the University to investigate?				If no, informed that he/she may request an investigation at later date?
Does the complainant want his/her identity withheld?				If yes, informed that the University's ability to respond may be limited?
Does the complainant want to file a police report?				If no, informed that he/she may file at a later date?

Intake Personnel: \_\_\_\_\_  
*Print Name/Position*

Date: \_\_\_\_/\_\_\_\_/20\_\_

\_\_\_\_\_  
Signature

Complainant: \_\_\_\_\_  
Signature

Date: \_\_\_\_/\_\_\_\_/20\_\_

Provide a copy to the Complainant and the Title IX Coordinator