*The information contained in this document is confidential and for internal use only. The Title IX Administrator housed in the Dean of Students Office coordinates the institution’s response to incidences of sex- or gender based harassment, discrimination, or violence and is responsible for gathering the information in this report. This worksheet will serve as documentation of specific actions taken to by the College to end the harassment, prevent its recurrence, and remedy the effects on individuals and the community.*

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| incident information Case # | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Claimant: | |  | | | | | | | | Is complainant a student?  Yes  No | | | | | | | | Year  FY  SO  JR  SR | | | | | | | | | | |
| Date of Incident: | |  | | | | | | | | Date Institution Became Aware of Concern: | | | | | | | | | | | | |  | | | | | |
| Disclosing Party: | |  | | | | | | | | Location of Incident: | | | | | | |  | | | | | | | | | | | |
| Respondent: | |  | | | | | | | | Is respondent a student?  Yes  No | | | | | | | | Year  FY  SO  JR  SR | | | | | | | | | | |
| Complainant Greek?  Yes  No | | | | | Respondent Greek?  Yes  No | | | | | Complainant Athlete?  Yes  No | | | | | | | | Respondent Athlete?  Yes  No | | | | | | | | | | |
| Have criminal charges been filed?  Yes  No | | | | | | | | | | Advocate ID #: | | | | | | | | PD Case #: | | | | | | | | | | |
| Was a conduct complaint filed at time of notification?  Yes  No | | | | | | | | | |
| Type of Alleged Harassment (Check all that apply) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Penetration or Forced to penetrate w/o consent | | | | | | | | |  | Coercing or intimidating someone into sexual behavior | | | | | | | | | | | | | | | | | |
|  | Attempted penetration without consent | | | | | | | | |  | Forcing or coercing someone into touching a person in a sexual manner | | | | | | | | | | | | | | | | | |
|  | Initiating sexual activity without having consent | | | | | | | | |  | Sexual harassment – unwelcome sexual advances | | | | | | | | | | | | | | | | | |
|  | Unwanted touching or groping | | | | | | | | |  | Sexual harassment – requests for sexual favors | | | | | | | | | | | | | | | | | |
|  | Threatening to sexually harm someone | | | | | | | | |  | Sexual harassment – verbal, written, physical contact of sexual nature | | | | | | | | | | | | | | | | | |
|  | Ignoring a sexual limit communicated by partner | | | | | | | | |  | Stalking | | | | | | | | | | | | | | | | | |
|  | Voyeurism | | | | | | | | |  | Other (Describe): | | | | | | | | | | | | | | | | | |
|  | Using electronic devices to transmit nudity or sex acts | | | | | | | | |  | Other (Describe): | | | | | | | | | | | | | | | | | |
|  | Intimate partner violence | | | | | | | | |  | Other (Describe):      x | | | | | | | | | | | | | | | | | |
| Description of Alleged Harassment: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Preliminary Meetings and ActionsPolicy Used . Staff Handbook? . FAculty Handbook/Code? . | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Description of initial meeting with claimant: | | | | | | | | | | | | | | | | Date of initial meeting with claimant: | | |  | | | | | | | Complaint included in investigative file | | |
| Action(s) requested by victim: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Description of initial meeting with respondent: | | | | | | | | | | | | | | | | Date of initial meeting with respondent: | | |  | | | | | | | Statements included in investigative file | | |
| **INTERIM ACTIONS** (check all that Apply and Include Appropriate documentation in Investigative file) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Medical referral (Referral location): | | | | | | | | | | | | | | | | | | Referral Date: | | | | | | | | | |
|  | Alternate or safe housing (Describe): | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Academic accommodations or changes to class schedule (Describe): | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Assistance in reimbursement for crime-related expenses (Describe): | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Counseling referral | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | No contact notice issued: | | | | |  | | | Describe: | | | | | | | | | | | | | | | | | | | |
|  | No trespass notice issued: | | | | |  | | | Describe: | | | | | | | | | | | | | | | | | | | |
| **INTERIM ACTIONS (con’t)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Other Remedies (Describe): | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Investigative PLAN** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Not Enough Information  Claimant’s Preference | | | | | | | | | | | | | Informal Resolution  Investigated | | | | | | | | | | | | | | | |
| **Investigation TIMELINE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Notice of grievance to Title IX Administrator | | | | | | | | | Date: | | | | | | | | | | | | | | | | | | |
|  | Title IX Eligibility Determined | | | | | | | | | Date: | | | | | | | | | | | | | | | | | | |
|  | Assignment to Investigator(s) | | | | | | | | | Date: | | | | | | | | | | | | | | | | | | |
|  | Investigator: | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Investigator: | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Initial Meeting and Letter | | | | | | | | | Date: | | | | | Copy of Letter placed in investigative file | | | | | | | | | | | | | |
|  | Notice of Investigation & Allegations | | | | | | | | | Date: | | | | | | | | | | | | | | | | | | |
|  | Investigation | | | | | | | | | Start Date: | | | | |  | | | End Date: | |  | | | | | | | |
|  | Notice of Formal Allegations | | | | | | | | | Date: | | | | | Copy of Letter placed in investigative file | | | | | | | | | | | | | |
|  | Findings of Facts Meetings | | | | | | | | | Date: | | | | | | | | | | | | | | | | | | |
|  | Shared Outcome of Investigation | | | | | | | | | Date: | | | | | | | | | | | | | | | | | | |
|  | Notice of Sanction Hearing | | | | | | | | | Date: | | | | | | | | | | | | | | | | | | |
|  | Notice of Sanction Outcome and Appeal Process Information | | | | | | | | | Date: | | | | | | | | | | | | | | | | | | |
|  | Notice of Implementation of Remedies and/or Sanctions | | | | | | | | | Date: | | | | | | | | | | | | | | | | | | |
|  | Appeal | | | | | | | | | Date: | | | | | | | | | | | | | | | | | | |
|  | Notice of Final Outcome | | | | | | | | | Date: | | | | | | | | | | | | | | | | | | |
| **Summary of INTERVIEWS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | | | | | | | | | | | | | | | | | | Connection to Investigation | | | | | Date of Interview | | | | | |
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| Evidence Log | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Document / Evident | | | | | | | | | | | | | | | | | | Received from | | | | | | | | | Date Received | |
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| Investigative FINDING | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| REcommended Range of SANCTIONS | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| aCTION(S) TAKEN TO end the harassment and prevent its recurrence (check all that apply) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Change Housing of Respondent | | | | | | | | | | | | | | | | | | Changed to:  Other Res Hall  Off campus | | | | | | | | | |
|  | Change Housing of Complainant | | | | | | | | | | | | | | | | | | Changed to:  Other Res Hall  Off campus | | | | | | | | | |
|  | Restriction on activities (Describe): | | | | | | | | | | | | | | | | | | Effective Date: | | | | | | | | | |
|  | Interim Actions (Describe): | | | | | | | | | | | | | | | | | | Effective Date: | | | | | | | | | |
|  | No Contact Notice (Describe): | | | | | | | | | | | | | | | | | | Effective Date:       e | | | | | | | | | |
|  | No Trespass Notice (Describe): | | | | | | | | | | | | | | | | | | Effective Date: | | | | | | | | | |
|  | Change in work assignment (Describe): | | | | | | | | | | | | | | | | | | Effective Date: | | | | | | | | | |
|  | Removal from class (Describe): | | | | | | | | | | | | | | | | | | Effective Date: | | | | | | | | | |
|  | Other Actions (Describe): | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Hearings** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Type: | | | Council on Sexual Misconduct  Employee Relations Council  Faculty Personnel Committee | | | | | | Date: | | | | | | | | | | | | | | | | | | |
| Sanction(s) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | No Sanctions | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Warning | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Probation | | | | | | Effective Date: | | | | | | |  | | | | | End Date: | | | | |  | | | | |
|  | Suspension | | | | | | Effective Date: | | | | | | |  | | | | | End Date: | | | | |  | | | | |
|  | Expulsion | | | | | | Effective Date: | | | | | | |  | | | | | | | | | | | | | | |
|  | No Contact | | | | | | Effective Date: | | | | | | |  | | | | | End Date: | | | | |  | | | | |
|  | No Trespass | | | | | | Effective Date: | | | | | | |  | | | | | End Date: | | | | |  | | | | |
|  | Substance Abuse Evaluation | | | | | | Due Date: | | | | | | |  | | | | | | | | | | | | | | |
|  | Psychological Evaluation | | | | | | Due Date: | | | | | | |  | | | | | | | | | | | | | | |
|  | Restitution | | | | | | Amt. of Payment: | | | | | | |  | | | | | Due Date: | | | | | |  | | | |
|  | Other sanctions (Describe): | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NOTIFICATION AND APPEAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Meeting & Outcome Letter to Respondent | | | | | | | Date of Letter: | | | |  | | | | | | | | | | | | | | | | |
|  | Meeting & Outcome Letter to Complainant | | | | | | | Date of Letter: | | | |  | | | | | | | | | | | | | | | | |
|  | Respondent Appeal | | | | | | | Date of Appeal: | | | |  | | | | | | | | | | | | | | | | |
|  | Complainant Appeal | | | | | | | Date of Appeal: | | | |  | | | | | | | | | | | | | | | | |
| Appellant Officer: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Appealed on following criteria: | | | | | | New evidence or evidence not available  Procedural Error  Disproportionate Sanction(s) | | | | | | | | | | | | | | | | | | | | | | |
| Appellate Decision: | | | | | | Uphold  Modify  Convene new panel  Reject | | | | | | | | | | | | | | | | Date: | |  | | | | |
| Summary: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CASE SUMMARY | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Initial Notification: | | | | | |  | | | | | | | | | | | | Date case was closed: | | |  | | | | | | | |

Worksheet completed by       Title       Date       Signature