



**REPORTING FORM FOR BIAS INCIDENTS, HARASSMENT, DISCRIMINATION OR GENDER-BASED VIOLENCE**

To file a report with the University, please complete this form and submit to the Title IX Coordinator. If you are reporting a non-emergency incident which either occurred on campus, as part of a University sponsored event, or involves at least one member of the University community, please complete the following Incident Report to the best of your ability. Alternatively, if you prefer to speak directly with a member of our office, you may contact us at (719) 549-2256, [kat.abernathy@csupueblo.edu](mailto:kat.abernathy@csupueblo.edu).

**Title IX Coordinator Contact Information**

Title IX Coordinator: Kat Abernathy, Executive Director of the Office of Human Resources and Institutional Equity and Interim Title IX Coordinator  
Phone: 719.549.2256  
Email: [kat.abernathy@csupueblo.edu](mailto:kat.abernathy@csupueblo.edu) Office: Administration Building, suite 307

**Instructions: Fill in all fields that apply. Report only one incident per form. If necessary, take more space than is provided on this form to complete the descriptions.**

**Reporting Party Information**

Your name: \_\_\_\_\_ Position/dept. \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Which best applies to you?  Student  Faculty  Staff  
 Visitor  Other (explain) \_\_\_\_\_  
Student living in campus housing? Yes No Location:  Crestone  Culebra  
 Greenhorn  Walking Stick Apts.

**Report Information**

Report or complaint type:  
 Behavior/conduct  Health/safety  Disability/accessibility  Human Resources  
Bias/discrimination based on:  
 Age  Disability  Gender  Medical Condition  National Origin  
 Pregnancy  Race  Religion  Retaliation  Sexual harassment  
 Sexual Orientation  Veteran status  Other (explain) \_\_\_\_\_

Others you have reported this incident to or have sought assistance from (provide name, date, results)  
\_\_\_\_\_

Date of report: \_\_\_\_\_ Date of incident: \_\_\_\_\_ Time of incident: \_\_\_\_\_

Where did the incident occur?

If unaware of specifics, general location (check one):  On campus  Residence hall  Off campus  
 Other \_\_\_\_\_

Reported to you by (check one):  Victim  Witness  Third-party  Anonymous

Involved parties:

Person's name and campus status (student, faculty, staff, other, N/A)

**Incident Description**

Please describe the incident or complaint in as much detail as possible (who, what where, when, and how events occurred):

Do you have reason to believe this incident represent a present threat of harm or danger to the victim(s) or other member(s) of the community?  Yes  No

Was a weapon involved?  Yes  No

Number of assailants/perpetrators: \_\_\_\_\_

Name(s) and contact information of any relevant witnesses\*

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What remedy are you seeking as a result of this report/complaint?

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