COLORADO STATE UNIVERSITY (CSU)-PUEBLO TITLE IX - INCIDENT REPORT FORM

The University has an expectation that employees and students will share information they receive about campus crime and off-campus crime that may potentially impact the campus environment. This form is intended to convey information needed to track the University's response to incidents (on and off-campus) being reported, as well as to assess the danger the incident represents to the community at large. Annual statistical information will be based on this report, as will the need to make timely warnings to the community, for the protection of those who may be at risk.

**Title IX Coordinator:** Roosevelt T. Wilson, (719) 549-2210/2223, After hours (719) 290-7332, Email: roosevelt.wilson@colostate-pueblo.edu, Office: Administration Building/Room 304

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

Your name:________________________ Position/Dept.:________________________
Phone:_________________________ E-mail:____________________________________
Reported to you by: (circle one) victim witness third-party anonymous
Date of Report:____________ Date of incident:________ Time of incident:_________
Where did the incident occur?______________________________________________ If you wish to avoid specifics, circle one of the following: On Campus  Residence Hall  Off-campus  Other_____________________

Please described the incident in as much detail as possible (who, what, where, when and how)
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

*(If you need additional space, please continue on the reverse side of this form.)*

Do you have reason to believe this incident represents a present threat of harm or danger to the victim or other member(s) of the community? yes____ no_____ if yes, why:

Was a weapon involved yes____ no_____ Number of assailants/perpetrators:
If a single assailant/perp, describe: gender:____ race:____ age:____ height:____ weight:____ Role of assailant/perp(s) on campus: student____ faculty____ staff____ no campus role____ unknown____
Name of alleged assailant(s):________
Was there any evidence that this incident was motivated by the victim's (circle all that apply):
race national origin color age gender sexual orientation religion disability Other departments or individuals to whom the victim/reporter has reported this incident

Name of reporting victim *________________________
Names and contact information for any relevant witnesses*________________________

* Any field denoted with an asterisk is a field that may be left blank by you if you intend for this report not to serve as actual notice to the University of harassment, discrimination, sexual assault or other civil rights violation for which notice will trigger an obligatory investigation by the University. Employees (except those serving in the roles to receive confidential information) are required to complete this form in full, while students may generally withhold from the fields designated with an *, depending on your role.