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 on 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.