

Johnson C. Smith University
Sexual Harassment, Sexual Assault and Intimate Partner Violence Report Form

Instructions: This procedure checklist provides a uniform method of responding to sexual assaults, harassment and intimate partner violence incidents. This form will assist Johnson C. Smith University improve its response to sexual assault and intimate partner violence. The reporter working with the victim/survivor should return the completed form in a sealed envelope marked "Private" to Title IX Coordinator, located in Smith Cottage.

Contact : Title IX Coordinator, Maudre' R. Addison at 704-378-1228 or Title IX Deputy Coordinator, Latrelle P. McAllister, 704-378-1230.

Section I:

Today's Date: _____ Reporter's Name _____

Reporter's Dept./Agency _____ Phone #: _____

Date of Incident: _____ Date of discussion with victim: _____

Victim's Age: _____ Academic year (if student): _____ Sex: _____

Victim's Role on campus: Student _____ Faculty _____ Staff _____

Section II:

Date of Incident: _____ Time: _____

Place where incident occurred:

___ University owned, controlled or leased property: _____

___ Public campus space (parking lot, other): _____

___ University sponsored activity or event: _____

___ Off Campus: _____

Section III:

Please give a brief description of the incident:

If the assault occurred on campus, indicate generally where (do not give specific room numbers or any other information that would identify the victim):

If the assault occurs off-campus, indicate generally where (do not give specific address or any other information that would identify the victim):

Approx. time of incident: ___ 8am-5pm ___ 5pm-Midnight ___ Midnight-8am ___ Unknown

Describe the Incident:

___ Sexual contact (fondling, kissing, petting, but not penetration) without consent

___ Intercourse (oral, anal or vaginal penetration by penis or other object) without consent

___ Relationship Violence (Assault such as hitting, shoving, slapping, arm twisting, name calling committed by an intimate partner)

___ Other (describe): _____

Alcohol Use: ___ by victim ___ by assailant ___ Unknown

Drug Use: ___ by victim voluntarily ___ by victim unknowingly ___ by assailant ___ Unknown

Describe the kind of pressure or force used by the assailant:

___ Verbal pressure or arguments

___ Position of authority (boss, teacher, supervisor, etc.)

___ Threat of physical force (threatened to hit, hold, or otherwise injure)

___ Actually used physical force (hit, held down, twisted arm, etc)

___ Gave victim alcohol or drugs so victim was significantly incapacitated

___ Weapon

___ Other (describe): _____

PLEASE NOTE: if the victim identifies the alleged assailant as a JCSU student or employee, that information MUST be reported to the JCSU Title IX Coordinator, Maudre' R. Addison at 704-378-1228 or Title IX Deputy Coordinator, Latrelle P. McAllister, 704-378-1230.

Number of assailants: ____ Describe below:

Assailant 1:

Sex ____ Race ____ Age ____ Height ____ Weight ____

Student ___ Faculty ___ Staff ___ No campus role ___ Unknown ____

Stranger ___ Relative ___ Friend ___ Acquaintance ___ Romantic partner ____

Assailant 2:

Sex ____ Race ____ Age ____ Height ____ Weight ____

Student ___ Faculty ___ Staff ___ No campus role ___ Unknown ____

Stranger ___ Relative ___ Friend ___ Acquaintance ___ Romantic partner ____

Assailant 3:

Sex _____ Race _____ Age _____ Height _____ Weight _____
Student ___ Faculty ___ Staff ___ No campus role ___ Unknown _____
Stranger ___ Relative ___ Friend ___ Acquaintance ___ Romantic partner _____

Other departments or agencies the victim reported this assault to:
___ Sexual Assault and Relationship Violence Response Team ___ University Health Services
___ Residence Life ___ Campus Police
___ Counseling Center ___ Local Police
___ Student Life ___ Women’s Center
___ Faculty/Staff member ___ Office of Human Resources
___ Other: (describe) _____

Additional comments:

Section IV: (OPTIONAL FOR NON-CAMPUS SECURITY AUTHORITIES, if you are unsure of your status report the incident.)

Reporter’s Name: _____

Office/Dept/Agency.: _____

Reporter’s Phone # _____

Reporter’s Role on campus: Student _____ Faculty _____ Staff _____

Victim/survivor’s name _____

Victim/Survivor’s contact information: _____

Within 1 Business Day, please deliver, marked confidential to:
Maudré R. Addison
Director of Employee Services/Title IX Coordinator
704-378-1228

Inform the student that they will receive direct contact from the Title IX Coordinator or her designee if a formal interview and investigation will be required.