

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. * ***Do not include any information that can be used to identify the victim/survivor unless written permission is given.*** The reporter working with the victim/survivor should initial each item next to the procedure she/he completed and mail or return the completed form in a sealed envelope marked "Private" to Title IX Coordinator.

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 discussion with victim: _____

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

Role on campus: Student _____ Faculty _____ Staff _____

Section II:

Date of Incident: _____

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

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:

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):

Please give a brief description of the incident:

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)

Reporter's Name: _____

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

Role on campus: Student _____ Faculty _____ Staff _____

I _____ give permission for relevant University personnel to contact me about this report.

Victim/Survivor's Signature:

Within 1 Business Day, please deliver, marked confidential to:

Maudré R. Addison

HR Manager/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.