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):

11/2014
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 ____

11/2014
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: ____________________________________________ Reporter’s Phone #
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:
Maudrê 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.