



Sexual Misconduct or Discrimination Complaint Incident Report

General Statement Regarding Sexual Misconduct Complaints and Investigations

The University of St. Augustine for Health Sciences (USAHS) is committed to the prompt resolution of complaints in a manner consistent with the University’s Sexual Misconduct Policy. The USAHS Title IX Coordinator’s role is to assist those who believe they have been sexually assaulted, harassed, or discriminated against by any member of the USAHS community. All members of the USAHS community are entitled to report allegations to the police and do not need to wait until USAHS’s process and investigation is complete before reaching out to local law enforcement (i.e., processes may work simultaneously).

It is important to understand that USAHS strongly supports confidentiality in cases involving sexual misconduct. All members of the USAHS community have the right to ask that their name not be disclosed to the alleged perpetrators. However, there are limited situations in which the University must override a complainant’s (person alleging sexual misconduct, sexual harassment or sexual discrimination) request for confidentiality in order to meet its obligations under Title IX (for example, one individual’s safety or the safety of others). Given the sensitive nature of reports of sexual violence, USAHS shall ensure that all information is maintained in a secure manner.

The following information must be completed by the Complainant or the Title IX Coordinator (or Designee).

Complainant (Check One): Student Faculty Staff Member

Complainant Name:	Complainant Address:	Complainant Phone Number(s):	Complainant E-mail Address:
Date of Incident:	Location of Incident:	Other Party Involved:	Other Party is (<i>student, faculty, staff member</i>):
Person Taking Report:	Position:	Signature:	Date:

Type of Alleged Misconduct (Check One):

Sexual Misconduct Sexual Harassment Sexual Discrimination

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Have you (complainant) contacted anyone else for help regarding this complaint? If so, please name them below:

Name: _____

Title: _____

Date: _____

Name: _____

Title: _____

Date: _____

Name: _____

Title: _____

Date: _____

Have you (complainant) notified law enforcement officials regarding this claim?
If so, which agency(s) and contact person?

YES

NO

What is the action status with the agency (s) involved?

Statement of Events Provided by Complainant:

Please provide a detailed statement of the events, including dates, places, and names of witnesses. Please attach additional pages if necessary. Provide any additional documentation in support of your report.