



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). Complete forms should be submitted to: titleixcoordinator@usa.edu

Basic Information:

Complainant (Check One): Student Faculty Staff Member

Complainant Name: _____ Student ID: _____

Complainant Address: _____

Program: _____ Flex (check one): Yes No

Campus Location: _____ Cohort Color (If Applicable): _____

Phone Number: _____ USAHS Email: _____

Incident Information:

Location(s) of Incident: _____ Date of Incident: _____

Other Parties Involved: (Please indicate if each person is a student, faculty, staff, or other). _____

Type of Alleged Misconduct (Check One):

Sexual Misconduct Sexual Harassment Sex-Based Discrimination

Please list any USAHS employee who has been contacted for help regarding this incident:

Name: _____

Title: _____

Date: _____

Name: _____

Title: _____

Date: _____

Name: _____

Title: _____

Date: _____

Have you (complainant) notified law enforcement officials regarding this claim? YES NO
If so, which agency(s) and contact person?

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.

I verify that the above information is complete and accurate to the best of my knowledge, and I understand that any intentional misrepresentation contained in this request may result in disciplinary action.

Person Taking Report: _____ Position: _____

Signature: _____ Date: _____

Student Signature: _____ Date: _____