



REPORTING FORM FOR BIAS INCIDENTS, HARASSMENT, DISCRIMINATION OR GENDER-BASED VIOLENCE

To file a report with the University, please complete this form and submit to the Title IX Coordinator. If you are reporting a non-emergency incident which either occurred on campus, as part of a University sponsored event, or involves at least one member of the University community, please complete the following Incident Report to the best of your ability. Alternatively, if you prefer to speak directly with a member of our office, you may contact us at (719) 549-2256, kat.abernathy@csupueblo.edu.

Title IX Coordinator Contact Information

Title IX Coordinator: Jennifer Cobb, Director of Compliance and Title IX Coordinator Phone: 719.549.2679
Email: jennifer.cobb@csupueblo.edu Office: OSC Suite 201

Instructions: Fill in all fields that apply. Report only one incident per form. If necessary, take more space than is provided on this form to complete the descriptions.

Reporting Party Information

Your name: _____ Position/dept. _____
Phone: _____ Email: _____
Which best applies to you? Student Faculty Staff
 Visitor Other (explain) _____
Student living in campus housing? Yes No Location: Crestone Culebra
 Greenhorn Walking Stick Apts.

Report Information

Report or complaint type:
 Behavior/conduct Health/safety Disability/accessibility Human Resources
Bias/discrimination based on:
 Age Disability Gender Medical Condition National Origin
 Pregnancy Race Religion Retaliation Sexual harassment
 Sexual Orientation Veteran status Other (explain) _____

Others you have reported this incident to or have sought assistance from (provide name, date, results)

Date of report: _____ Date of incident: _____ Time of incident: _____

Where did the incident occur?

If unaware of specifics, general location (check one): On campus Residence hall Off campus
 Other _____

Reported to you by (check one): Victim Witness Third-party Anonymous

Involved parties:

Person's name and campus status (student, faculty, staff, other, N/A)

Incident Description

Please describe the incident or complaint in as much detail as possible (who, what where, when, and how events occurred):

Do you have reason to believe this incident represent a present threat of harm or danger to the victim(s) or other member(s) of the community? Yes No

Was a weapon involved? Yes No

Number of assailants/perpetrators: _____

Name(s) and contact information of any relevant witnesses*

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What remedy are you seeking as a result of this report/complaint?

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