TITLE IX INCIDENT REPORTING FORM

Instructions: Please complete this form to the best of your ability. Report only one incident per form. Please submit this form to the Title IX Coordinator within 24 hours of becoming aware of any incident.

Lakeland University requires that all faculty and staff report issues of sexual violence, discrimination and sexual misconduct to the Title IX Coordinator or to the Lakeland University Police Department.

If you are reporting an incident on behalf of someone else, whenever possible, please be sure the person disclosing information to you understands that this form is NOT A FORM OF CONFIDENTIALITY and if you are faculty or staff that you are obligated to report this information to Lakeland University officials. If the individual does not know that you are reporting his/her incident, please indicate this in the area below.

Please submit this form either to the Title IX Coordinator or to the Campus Safety Department:

David Simon Jr.
Title IX Coordinator
WAK, LL 21
(920) 565-1000, ext. 2501
simondr@lakeland.edu

Lakeland University Campus Safety Department
Brotz Hall
W3744 North Drive, LL Room 19
Emergency Phone: (920) 565-1126

BACKGROUND INFORMATION:

Your full name: ____________________________________________

Your position/title: _______________________________________

Your phone number: _______________________________________

Your email address: _______________________________________

Your physical address: _____________________________________

Date of the incident: _______________________________________

Time of the incident: _______________________________________

Location of the incident:
• On Campus – indicate location: ____________________________
• Residence Hall-identify RH: ________________________________
• Off Campus –indicate location: ________________________________

INVOLVED PARTIES:

You are encouraged to include names of all involved parties (complainant, respondent, witnesses, reporting party)

<table>
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<tr>
<th>Name or Organization</th>
<th>Email address &amp; Phone number</th>
<th>Physical address</th>
<th>Role (complainant, respondent, etc...)</th>
<th>Student ID Number</th>
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How did you become aware of this incident/situation?
______________________________________________________________
______________________________________________________________
______________________________________________________________

When did you become aware of the incident (the day you received the report)? _________________

Please describe the incident in as much detail as possible: ________________________________
______________________________________________________________
______________________________________________________________
Are there any other individuals to whom the complainant/victim has reported the incident to? If so, please list the names, emails and phone numbers if known.

Does the complainant/victim know you are submitting this report? Yes No

Is there supporting documentation? For example, photos, email, social media, video surveillance, text messages, etc.?

- What type of documentation?
- Who has possession of the documentation?