



MCC TITLE IX INCIDENT REPORT FORM Cont'd

Your name: \_\_\_\_\_ Position/Dept.: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Reported by: (circle one) victim witness third-party anonymous other \_\_\_\_\_

Date of Report: \_\_\_\_\_ Date of incident: \_\_\_\_\_ Time of incident: \_\_\_\_\_

Where did the incident occur? \_\_\_\_\_

If you wish, you may also circle one of the following:

On Campus Residence Public Property Off-campus Other \_\_\_\_\_

(Please see descriptions of these four categories on reverse of this page, for proper classification)

Do you have reason to believe this incident represents a present threat of harm or danger to the victim or other member(s) of the community? yes\_\_\_ no\_\_\_ If yes, why? -----

\_\_\_\_\_  
\_\_\_\_\_

Was a weapon involved? yes\_\_\_ no\_\_\_ Number of Responding Party/perpetrators: \_\_\_\_\_

If a single respondent/perpetrator, describe: gender:\_\_\_\_\_ race:\_\_\_\_\_ age:\_\_\_\_\_ height:\_\_\_\_\_ weight:\_\_\_\_\_

Role of responding party/perpetrator(s) on campus: student\_\_\_ faculty\_\_\_ staff\_\_\_ no campus role\_\_\_ unknown\_\_\_

Name of alleged assailant(s):\* \_\_\_\_\_

Was there any evidence that this incident was motivated by the victim's (circle all that apply):

Race ethnicity age gender sexual orientation religion

Other departments or individuals to whom the victim/reporter has reported this incident \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\*Any field denoted with an asterisk is a field that may be left blank by you if you intend for this report **not to** serve as actual notice to the College of harassment, discrimination, sexual assault or other civil rights violation for which notice will trigger **an obligatory investigation by the College.**