SEXUAL MISCONDUCT /TITLE IX INCIDENT REPORT FORM

Shippensburg University of Pennsylvania

Title IX Investigation
Please remit form to Title IX Coordinator upon completion

Background
Date: Case #

Name of Complainant:
(1st yr.) (2nd yr.) (3rd yr.) (4th yr.) or (Grad Student)

Work Extension: Home Phone:
E-mail: Cell Phone:

Allegations
Respondent: Respondent’s Email address:

**Explain the nature of the complaint:**

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

When did the event(s) occur:
________________________________________________________________________

Where did the event(s) occur:
________________________________________________________________________

Title IX Coordinator
Office Address: Old Main 200
Email:
Did anyone witness these events, and if so, what are their names, titles, and a summary of what you believed that they witnessed.

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<th>Name:</th>
<th>Title:</th>
<th>Summary:</th>
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Are there any documents in your possession related to the allegations of the complaint?

Supplemental Information:

Signed: Date: