Sexual Misconduct Report Form
Sexual Misconduct includes: Sexual Violence, Stalking, Dating and Domestic Violence, and Gender-Based Harassment

Please indicate whether this is an Anonymous or Formal Report:

☐ Anonymous Report: Any individual (*excluding a Campus Security Authority (CSA)/Responsible Employee) may make an anonymous report concerning an act of sexual misconduct. An individual may report the incident without disclosing his/her name, identifying the respondent or requesting any action. Depending on the level of information available about the incident or the individuals involved, however, the college's ability to respond to an anonymous report may be limited.

*Campus Security Authorities/Responsible Employees are not permitted to report anonymously. A CSA/Responsible Employee must complete a Formal Report.

Please return your Anonymous Report in a sealed envelope to the Director of Campus Safety, Department of Campus Safety, James House, 541 Main Street, New London, NH 03257. All reports will go to the Title IX coordinator.

☐ Formal Report: This report will initiate a Title IX investigation; however, the Complainant may choose at any time not to participate in the process. Before using this form to report an incident/assault that has been discussed with you, inform the individual of your obligation to complete this form and offer to complete the form together.

As an institution, it is our goal to determine the details of these types of incidents so that we may direct people to the appropriate resources and offer assistance wherever possible. In addition, we hope that having a greater understanding of what happens on campus will benefit our community as we try to design and implement future educational and intervention efforts.

Please return your Formal Report in a sealed envelope to the Title IX Coordinator or a Deputy Coordinator.

1. Are you reporting an incident/assault that happened to you or an incident/assault discussed with you?
   ☐ Incident/assault happened to me (Please skip to question 4)
   ☐ Incident/assault was discussed with me by the Complainant
   ☐ Incident/assault was discussed with me by a friend of the Complainant

2. Reporter (Formal Report ONLY): ____________________________ Phone: __________________

3. When did the Complainant first discuss the incident/assault with you?
   __________________________________________________________

4. Did incident occur while the Complainant was enrolled at Colby-Sawyer?
   ☐ Yes ☐ No

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5. Complainant’s Sex ___________ Gender Expression ____________ Race ________________
   Age ____________ Year in School ________________

6. Complainant’s Residence: _______________________________________________________
   □ Residence Hall    □ Cottage Lane Duplex    □ Off Campus

7. Location of incident/assault
   On-Campus (check appropriate response below)
   □ Residence Hall    □ CSC Owned or Controlled Property (not a residence hall)    □ Off Campus

8. Describe location of incident/assault (name of building, street, etc.):
   ______________________________________________________________________________

9. Time and Date of incident/assault: _________________________________________________

10. Was the incident/assault associated with an organized event (campus sponsored or not)?
    □ No   □ Yes, Please specify: _____________________________________________________

11. Describe the incident/assault (check all that applies):
    □ Sexual Harassment
    □ Sexual Contact (fondling, kissing, petting, but not penetration) without consent
    □ Attempted intercourse without consent (penetration did not occur)
    □ Intercourse (oral, anal, or vaginal penetration by penis or other object) without consent
    □ Exposure of the accused genitals without consent
    □ Dating/Domestic Violence
    □ Stalking
    □ Other (please describe) __________________________________________________________________

12. Was either party under in influence of alcohol or other drugs at the time of the incident/assault?
    Complainant: Alcohol? □ Yes □ No □ Unsure   Other Drugs? □ Yes □ No □ Unsure
    Accused: Alcohol? □ Yes □ No □ Unsure   Other Drugs? □ Yes □ No □ Unsure

13. Describe the pressure or force used by the accused (Check all that apply):
    □ Verbal pressure or arguments
    □ Position of authority (supervisor, professor, college administrator, etc.)
    □ Threat of physical force (with or without weapon)
    □ Use of physical force (hit, held down, etc.)
    □ Gave the Complainant alcohol or drugs resulting in significant incapacitation
    □ Complainant was unconscious or blacked out during incident/assault
Complainant suspects that “date rape drugs” were involved in the incident/assault
Other (please describe) ________________________________________________________

14. Was a weapon used in the incident/assault?
   □ No  □ Yes, type: _____________________________________________________________

15. Number of those who are accused: _____ Description of accused:
   ______________________________________________________________________________
   ______________________________________________________________________________

16. Status of accused:
   □ Student  □ Faculty  □ Staff  □ No campus role  □ Unknown

17. Describe the nature of the relationship of the accused to the Complainant prior to the incident/assault:
   □ Stranger  □ Spontaneous date (i.e. met at bar or party)  □ Planned first date
   □ Romantic acquaintance/on-going relationship  □ Friend or nonromantic acquaintance
   □ Relative  □ Other (describe) _________________________________________________

18. Other departments at Colby-Sawyer the Complainant has reported this incident/assault to or discussed it with:
   ______________________________________________________________________________

19. Other individuals at Colby-Sawyer the Complainant has talked with about this incident
   □ Friend  □ AC/RA  □ Faculty member  □ Staff member  □ Other __________

20. Did you refer the Complainant to other resources on or off campus?
   □ No  □ Yes, (describe) ______________________________________________________

21. Does the Complainant want to be contacted by a Campus Counselor? ________________

22. Name of Complainant (Formal Report ONLY) ______________________________________

23. How to contact Complainant (Formal Report ONLY) ________________________________

**FILING YOUR REPORT**

**Anonymous Report:** Please return your report in a sealed envelope to the Director of Campus Safety, Department of Campus Safety, James House, 541 Main Street, New London, NH 03257

**Formal Report** Please return the report in a sealed envelope to the Title IX Coordinator, Robin Davis or Deputy Coordinators, Mary McLaughlin (students), Laura Alexander (faculty) or Heather Zahn (staff).
Confidential Resources and Support

On-Campus:
Baird Health and Counseling Center
(603) 526-3621
Counselors are available during regular office hours. Riverbend Counselors are available after hours and can be reached at 1-844-743-5748 or by contacting Campus Safety at 603-526-3300.

For Employees:
Employee Assistance Plan
(800) 828-6025

Off Campus
Crisis Center of Central New Hampshire
1-866-841-6229
The CCNH provides confidential crisis counseling 24 hours a day relating to rape or sexual assault via its 24-Hour Crisis Line.

Title IX/Sexual Misconduct Policy: For more information on Colby-Sawyer policies, procedures and resources related to incidents sexual misconduct, please visit: http://colby-sawyer.edu/assets/citizenship/sexual-misconduct-policy.pdf