

## Section 4

### ACTION FORM

I, \_\_\_\_\_ reported to an authorized sexual misconduct  
(name of the Complainant)

intake personnel an incident of \_\_\_\_\_ which  
occurred (type of incident: please see the intake form)

on \_\_\_\_\_ at \_\_\_\_\_  
(date) (time)

#### Action Desired by Complainant (Complainant must select by initialing)

##### University Report

1. \_\_\_\_\_ [initial] I would like to move forward with the University investigation and request the University to proceed with the disciplinary process. (ACTION BY APU)
  
2. A. \_\_\_\_\_ [initial] I understand that this incident will be investigated by APU, and I choose to waive the right to participate in the process at this time, knowing and fully understanding the consequences of this decision. I understand that my refusal to participate in the investigation of this incident, may limit the ability of the University to fully address the alleged behavior. (LIMITED ACTION BY APU)  
[AND  
  
B. \_\_\_\_\_ [initial] I understand that I may decide to make a university complaint at a later time, notwithstanding my decision to sign this waiver.

##### Law Enforcement Report

1. \_\_\_\_\_ [initial] I have requested Campus Safety to contact the appropriate law enforcement agency to file a criminal complaint. I would like to move forward with the legal process. Please sign the release form/Section 5. (ACTION BY LAW ENFORCEMENT)
  
2. A. \_\_\_\_\_ [initial] I have been informed of my right to report this incident to the appropriate law enforcement agency and at this time have chosen not to make an official report. (NO LAW ENFORCEMENT)  
**AND**  
B. \_\_\_\_\_ [initial] I understand that I may decide to make a formal criminal complaint at a later time, notwithstanding my decision to sign this waiver.

Signed: \_\_\_\_\_  
(the Complainant)

Date: \_\_\_\_\_

Form submitted by: (please print)

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Office: \_\_\_\_\_

Title: \_\_\_\_\_