## SEXUAL MISCONDUCT INTAKE FORM

## **General Information** Date of this report: Time Reported: Reported to Police: Yes ⊓ No □ Decline to State \* Discuss the importance of filing a report with the local law enforcement agency. Information on the Complainant Name of the Complainant: Birthdate of the Complainant: \_\_\_\_\_ ID #: Phone # Complainant's gender | Female | Male Complainant's affiliation to Azusa Pacific University: □ Faculty □ Undergrad Student □ Not Affiliated □ Graduate student □ Staff □ Other: Residence of Complainant: □ On Campus Housing Which living area? □ Off Campus House/Apartment □ With Parent/Guardian Has Complainant received medical attention? □ Yes type of treatment:\_\_\_\_\_ □ No □ Decline to state \* Discuss the importance of immediate medical attention and the importance of filing a report with the local law enforcement. Has Complainant received counseling? □ Yes □ No □ Decline to state \* Discuss the importance of seeking counseling. Information on the Alleged Incident Date of the alleged incident Approx. time: location: Incident Location: □ On campus location: □ Off campus □ Preferred not to state location

Type of incident (check one):

□ Sexual Harassment – verbal or physical conduct of a sexual nature, imposed on the basis of sex, by an employee or agent of a recipient that denies, limits, provides different, or conditions the provisions of aid, benefits, services, or treatment protected under Title IX. Please see Student Standards of Conduct 11.2 for more details.

□ Non-Consensual Sexual Contact (or attempts to commit same) - Nonconsensual sexual contact is any intentional sexual touching, however slight, with any object, by a man or a woman upon a man or a woman, without effective consent. Please see Student Standards of Conduct 11.4 for more details.

sexual intercourse (and		slight, with any object	Ionconsensual sexual intercourse is: an ct, by a man or woman upon a man or a anduct 11.5 for more details.		
abusive sexual advanta other than the one beir	age of another for his/her owr	n advantage or bene or does not otherwise	or attempts to take nonconsensual or fit, or to benefit or advantage anyone e constitute one of other sexual or more details.		
			use, or an individual who has had a datin andards of Conduct 4.1 for more details.		
safety or the safety of I	nis/her family. Stalking can oc ns (cyberstalking/cyberbullyin	cur in various forms	oint where that individual fears for his/he including, but not limited to, in person ed. Please see Student Standards of		
Information on the	e Respondent				
Name of the Responde	ent:		ID #:		
·	ent: (If known)		ID #: (If known)		
Age of the Responden	t at the time of the incident: _ (If	Gender o known)	of Respondent: □ Female □ Male		
Respondent affiliation	to Azusa Pacific University: □ Undergrad Student □ Graduate student	□ Faculty □ Staff	□ Not Affiliated □ Do not know □ Other:		
Residence of Respond	ent: □ On Campus Housing □ Off Campus House/Apart	ment □ With	Which living area? □ With Parent/Guardian □ Do not know		
Relationship to the Cor	mplainant: □ An Acquaintance	□ A Stranger	□ A family member		
Information on Ide	entified Witnesses				
Name of the Witness	(If known)		ID #: (If known)		
Witness affiliation to Az	zusa Pacific University:  □ Undergrad Student □ Graduate student	□ Faculty □ Staff	□ Not Affiliated □ Do not know □ Other:		
Contact Information	Cell		_		
Relationship to the Cor	mplainant: □ An Acquaintance	□ A Stranger	□ A family member		
Name of the Witness	(If known)		ID #: (If known)		

All completed forms should be sent to the Associate Dean of Students at Azusa Pacific University, marked CONFIDENTIAL.

any

Witness affiliation to A	zusa Pacific University:		
	<ul> <li>□ Undergrad Student</li> <li>□ Graduate student</li> </ul>	□ Faculty □ Staff	<ul><li>□ Not Affiliated</li><li>□ Do not know</li></ul>
0 1 11 5 11			□ Other:
Contact Information	Cell		_
Relationship to the Co	mplainant: □ An Acquaintance	□ A Stranger	□ A family member
	□ All Acquaintance	- A Guanger	·
Name of the Witness	(If known)		ID #: (If known)
	,		(II KIIOWII)
Witness affiliation to A	zusa Pacific University:  □ Undergrad Student	□ Faculty	□ Not Affiliated
	□ Graduate student	□ Staff	□ Do not know
Contact Information	Cell		□ Other:
Relationship to the Co	•	- A Chroman	A family manhau
Final Steps	□ An Acquaintance	□ A Stranger	□ A family member
I.	re	eported this incident	to the sexual misconduct intake (print
name of the Complain	ant) ne above information as true t		
Signed:			Date:
(the Compla	inant)		
I would like to reques	st the following person fror	n the Support Tean	n:
			<u></u>
Name	pport team personnel to be pr	ecent at:	
□ Hearing/Adjudication		esent at.	
<ul><li>□ Medical Exam Proce</li><li>□ Other</li></ul>	•		
U Other			
The sexual misco	onduct intake personne	<b>)</b>  -	
	exual misconduct intake pers		
Explained and r	eviewed the Sexual Miscond	uct Intake Guidelines	s (section 2)
Explained impo	rtance of immediate medical	attention	
Explained proce	edure for filing an official repo	rt with local police &	Campus Safety
This report submitted	by: (please print)		
Name:			Phone:
Office:			Title: