

Concordia University, Nebraska
Title IX Discrimination and Harassment Report Form

Date of This Report: _____

Your Contact Information:

Name: _____

Phone Number and E-mail Address: _____

Street Address: _____

CUNE Affiliation: ___ Student ___ Faculty ___ Staff ___ Other

Relation to Incident: ___ Victim ___ Witness ___ Third Party

Information Regarding the Victim/Complainant (if not yourself):

Name: _____

Phone Number and E-mail Address: _____

Street Address: _____

CUNE Affiliation: ___ Student ___ Faculty ___ Staff ___ Other

Information Regarding the Accused Party:

Name(s): _____

Phone Number and E-mail Address: _____

Street Address: _____

CUNE Affiliation: ___ Student ___ Faculty ___ Staff ___ Other

Information Regarding the Incident:

Date(s) of Incident: _____

Location(s) of Incident: ___ Campus Building *Building Name:* _____
 ___ Campus Grounds *Location on Campus:* _____
 ___ Off-Campus *Location:* _____

Names, Phone Numbers, and E-mail Addresses Of Any Witnesses: _____

Type of Incident:

Discrimination Harassment Assault/Violence Retaliation

Brief Description of Incident:

Please be as specific as possible. Identify the parties involved and any witnesses, all relevant dates, the location(s) at which the events occurred, a thorough description of factual events, and information regarding any specific harm resulting from the events. You may attach additional pages as needed.

Other CUNE Individuals or Departments To Which Incident Has Been Reported, If Any:

Any Other Relevant Information:

I certify that the information I have provided in this report is true, correct and complete to the best of my knowledge.

Signature

Date