This form may be completed by any member of the AIDB community who has experienced an incident that may constitute a violation of the AIDB. Please complete the form to the best of your ability.

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| **Today’s Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |  |
|  | |  |  |
| **Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |  | |
|  |  |  |  |
| **Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **E-mail:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
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| **School/Work Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
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| **Your AIDB Affiliation:** | ❑ Student ❑ Administrator ❑ Teacher/Faculty ❑ Staff ❑ Parent/Guardian ❑ Other | | |
|  | | | |
|  |  |  |  |
| **Incident Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **Incident Time:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  |  |  |  |
| **Incident Location:** | **Type of Incident:** | **Protected Class(es) Basis for Report:** | |
| ❑ School Building/Office | ❑ Discrimination | ❑ Sex | ❑ Religion |
| ❑ Outdoors on school grounds | ❑ Harassment | ❑ Gender | ❑ Veteran Status |
| ❑ **AIDB** transportation | ❑ Violence/Sexual Assault | ❑ Gender Identity | ❑ Disability |
| ❑ **AIDB** sponsored event | ❑ Stalking | ❑ Gender Expression | ❑ Age |
| ❑ Other | ❑ Retaliation | ❑ Sexual Orientation | ❑ Genetic Information |
|  | ❑ Other | ❑ Pregnancy/Parenting | ❑ Marital Status |
| **Specific Location:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | ❑ Race  ❑ Color | ❑ National Origin |
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| **Respondent Name (Name of person(s) you believe committed the violation):**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | |
|  |  |  |  |
| **Respondent’s AIDB Affiliation:** | ❑ Student ❑ Teacher/Faculty ❑ Staff ❑ Administrator ❑ Guest  ❑ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | | | |
| **Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **E-mail:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  |  |  |  |
| **School/Work Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
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| **Please list any witnesses other parties involved:**  **Witness 1:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | |
|  |  |  |  |
| **AIDB Affiliation:** | ❑ Student ❑ Administrator ❑ Teacher/Faculty ❑ Staff ❑ Other | | |
|  | | | |
| **Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **E-mail:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  |  |  |  |
| **School/Work Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
| **Witness 2:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | |
|  |  |  |  |
| **AIDB Affiliation:** | ❑ Student ❑ Administrator ❑ Teacher/Faculty ❑ Staff ❑ Other | | |
|  | | | |
| **Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **E-mail:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  |  |  |  |
| **School/Work Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
| **Witness 3:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | |
|  |  |  |  |
| **AIDB Affiliation:** | ❑ Student ❑ Administrator ❑ Teacher/Faculty ❑ Staff ❑ Other | | |
|  | | | |
| **Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **E-mail:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| School/Work Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
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| **Incident Narrative (this can be brief; a full statement will be taken by the investigator):** | | | |
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**Supporting Documentation:**

*Please describe or attach any photos, videos, text messaging or other supporting documents*

|  |  |  |  |
| --- | --- | --- | --- |
| **Supportive Measures Requested:** | |  |  |
| ❑ No Contact Order | [❑ Residence Hall Relocation] | ❑ Assistance Reporting to | ❑ Other: |
| ❑ Teacher Notification | ❑ Safety Plan | Law Enforcement |  |
| ❑ Counseling | ❑ School Escort | ❑ Legal Support Information |  |
| ❑ Workplace Adjustment | ❑ Medical Care | ❑ Visa/Immigration Information |  |
| ❑ Academic Adjustment | ❑ Victim Advocate Outreach |  |  |
| ❑ Academic Withdrawal |  |  |  |
|  |  |  |  |
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| **Accommodations:** |  |  | |
| ❑ I request an interpreter | Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  |  |  | |
| ❑ I request accommodation(s) for a qualified disability | | ❑ I do not request accommodation(s) for a qualified disability | |
|  |  |  | |
|  |  |  | |
| **Action Requested:** | ❑ No Action ❑ Informal Resolution ❑ Formal Investigation ❑ Meet with Title IX Coordinator  ❑ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  |  | | |

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature optional unless complaint is initiated by the Title IX Coordinator. Parent/guardian may sign on behalf of their child.)

**Received By:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_