

***Sexual Assault, Stalking, or Intimate Partner Violence
Report or Disclosure Form***

Today's Date ____/____/____ Date of Report/Disclosure ____/____/____

To: Title IX Coordinator

From _____

(Check one) Full-time Staff Member ____ Part-time Staff Member ____
Full-time Faculty ____ Part-time Faculty ____

Subject: Report/disclosure of Sexual Assault, Stalking, and/or Intimate Partner Violence

Name of student/employee _____ DOB or ID# _____

The information was shared with me as a:

_____ **Disclosure only:** The information was shared without a request for investigation and resolution. I provided resource materials including the contact information of a trained victim advocate and the College's Title IX coordinators.

_____ **Report:** An investigation and action by the College was requested. I provided resource materials including the contact information of a trained victim advocate and the College's Title IX coordinators.

General Category of Report/Disclosure:

- _____ sexual harassment
- _____ sexual assault
- _____ stalking
- _____ intimate partner violence
- _____ domestic violence
- _____ dating violence

This report/disclosure should be returned to Dr. Adrienne Maslin, Dean of Students and Primary Title IX/Section 504 Coordinator, Founders Hall, Rm. 123, amaslin@mxc.edu, or Mary Lou Phillips, Human Resources Director and Secondary Title IX Coordinator, Founders Hall, Rm. 115, mphillips@mxc.edu, or Queen Fordham, Coordinator of Meriden Center Welcome Desk and Secondary Title IX Coordinator, Meriden Center, 1st floor, qfordham@mxc.edu.