

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

Please fill this form out and email to: Title IX Coordinator ([MX-TitleIX@Mxcc.edu](mailto:MX-TitleIX@Mxcc.edu))

Today's Date \_\_\_\_\_ Date of Report/Disclosure \_\_\_\_\_

**Complainant, Reporting Victim, or Reporting Third Party - Their Name, Contact Information (phone, email, address)**

**Against Whom (Accused/Perpetrator/Suspect - Their Name, Contact Information (phone, email, address))**

**Name and Contact Information of Person Who Reported the Incident to You (*optional*; if different from the complainant)**

**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    Other: \_\_\_\_\_

**Description of the Incident:**

Please be as specific as possible and include facts shared by the complainant, and names of witnesses, if available.

**Has the reporting party reported the incident to the police? Have they filed an internal complaint? Is victim working with an outside agency? Have you shared this information with any other offices?**

*This report/disclosure should be returned to: Deputy Title IX Coordinator: Sharale W. Mathis, Ed.D., 860-343-5745, smathis@mxcc.edu, Founders Hall, Room 107*