



<input type="checkbox"/> Race	<input type="checkbox"/> Ethnicity
<input type="checkbox"/> Gender	<input type="checkbox"/> Sexual orientation
<input type="checkbox"/> Age	<input type="checkbox"/> Religion
<input type="checkbox"/> None of these	
Other departments or individuals to whom the victim/reporter has reported this incident:	
Name of reporting victim *	
Names and contact information for any relevant witnesses*	

\* Any field denoted with an asterisk is a field that may be left blank by you if you intend for this report not to serve as actual notice to the college of harassment, discrimination, sexual assault or other civil rights violation for which notice will trigger an obligatory investigation by the college. Some employees are required to complete this form in full, while others may withhold from the fields designated with a \*, depending on your role.