



Title IX Confidential Reporting Form: STUDENT Sexual Harassment and/or Gender Based Discrimination

Affiliation with the Incident

- ☐ I am the victim/survivor of the incident
- ☐ I am third party (friend, acquaintance, advisor, teacher, administrator)

Reporting Party's Name (Optional):

Nature of the Allegation (check all that apply)

- ☐ Verbal Sexual Harassment
- ☐ Visual Sexual Harassment
- ☐ Cyber Sexual Harassment
- ☐ Physical Sexual Harassment
- ☐ Sexual Battery
- ☐ Sexual Assault/Rape
- ☐ Dating/Relationship Violence
- ☐ Discrimination/Bullying Based on Sex or Gender
- ☐ Discrimination/Bullying Based on LGBTQ Status
- ☐ Other:

The following questions ask about the incident(s) that you are reporting. If any information is unknown, please leave the question blank.

Date of incident:

Approximate Time of Incident:

Victim/Survivor's Name (If different from reporting party) (Optional):

[Optional] If you answered "No" above, please provide information about how you would like the Title IX Coordinator to proceed with your confidential complaint.

Victim/Survivor's Gender:

- ☐ Female
- ☐ Male
- ☐ Transgender Female
- ☐ Transgender Male
- ☐ Non-Binary
- ☐ Prefer not to say
- ☐ Other:

Victim/Survivor's Age:

School where Victim/Survivor is/was enrolled or works:

Victim/Survivor's Affiliation with NSSF

- ☐ Student
- ☐ Employee
- ☐ None
- ☐ Other:

Is there ongoing harassment?

- ☐ Yes
- ☐ No
- ☐ Unknown
- ☐ Other:

Accused Person's Gender

- ☐ Female
- ☐ Male
- ☐ Transgender Female
- ☐ Transgender Male
- ☐ Non-Binary
- ☐ Prefer not to say
- ☐ Other:

Accused Person's Age:

Accused Person's Affiliation with NSSF

- ☐ Student
- ☐ Employee
- ☐ None
- ☐ Other:

Relationship of Victim/Survivor to Accused Person:

- ☐ Acquaintance/Friend
- ☐ Intimate partner
- ☐ Former intimate partner
- ☐ Spouse
- ☐ Employee
- ☐ Stranger
- ☐ Other:

Location of incident:

- ☐ On campus
- ☐ Off campus
- ☐ Private residence/house
- ☐ On the bus or at a bus stop
- ☐ Online
- ☐ Unknown
- ☐ Other:

Did the incident occur at an NSSF-sponsored event or at a school activity off campus?

- ☐ Yes
- ☐ No
- ☐ Unknown

[Optional] If you wish, you may provide the name of the alleged perpetrator (First and Last name, if possible):

Would you like the Title IX Coordinator to contact you? *

- ☐ Yes
- ☐ No

[Optional] If you answered "Yes" above, please provide a phone number or email address at which you can be reached.

[Optional] Description of the Incident:

Were there any individuals who witnessed the incident and/or who the victim informed about the incident?

- ☐ Yes - Witnessed
- ☐ Yes - Informed
- ☐ No

[Optional] If you answered "yes" above, please provide a phone number or email address where the above individual(s) can be reached.