UNIVERSITY OF EVANSVILLE
REPORTED SEXUAL MISCONDUCT INFORMATION CHECK LIST

Reporting Date: ________________________________

Reporting Party (Complainant): ________________________________

_____ Student _____ Faculty _____ Staff _____ Alumnus _____ Visitor _____ Other

Date of Incident(s): ________________________________

Location(s) of Incident(s): ________________________________

Responding Party (Respondent)(s): ________________________________

_____ Student _____ Faculty _____ Staff _____ Alumnus _____ Visitor _____ Other

Did you report this incident(s) to someone other than the Title IX Director?

_____ YES Date: ______________ Who: ___________________

_____ NO

Violations: (Check all that apply)

_____ Non-Consensual Sexual Intercourse

Any intercourse (anal, oral, or vaginal); with an object, however slight; by one person upon another, without consent and or by force.

_____ Non-Consensual Sexual Contact

Any intentional sexual touching, however slight; with any object, by one person upon another without consent and or by force.

_____ Dating/Domestic Violence

Intentionally touch/ physical harm that occurs between dating, cohabitating, and married individuals.

_____ Sexual Harassment

Unwelcomed conduct that creates a hostile, intimidating or offensive work and/or education environment. (Verbal, nonverbal, cyber, phone behaviors that limits or

hinders one’s ability to participate in and benefit from academic, educational and athletic events.

_____ Gender-Based Harassment

Gender-based harassment includes acts of verbal, nonverbal, or physical aggression, intimidation, or hostility based on sex, gender, gender identity, or gender expression

_____ Stalking

Repeated and continuous harassment that one may feel threatened, terrorized, frightened, or intimidated.

_____ Sexual Exploitation

Taking advantage of someone without their consent, exposure of one’s body parts, administering alcohol or drugs without consent.
Instructions: Please read carefully and initial after each statement (#1-7) in the appropriate box. If you have any questions, please do not hesitate to ask.

1. I have reported an incident of sexual misconduct to the University of Evansville.  
   YES ___ NO ___

2. I understand and it has been explained to me that I have the right to proceed with criminal charges and/or University disciplinary actions against the accused.  
   YES _______ NO ______

3. I understand that if I chose not to proceed with criminal charges now, my case may be weakened if I choose to proceed at a later date.  
   YES _______ NO ______.

4. I understand that medical treatment and counseling services are available to me and I have been provided with information about these services.  
   YES ________ NO ______  
   I choose to participate in medical services at this time. YES ________ NO ______  
   I choose to participate in UE counseling services at this time. YES ________ NO ______

5. I wish my name to be kept confidential and not released.  
   YES_____NO_____

6. I do understand that the suspect description may be released for the safety and well-being of the campus community.  
   YES_____NO_____

7. Initial beside the statements that correspond to your request: (INITIAL ALL THAT APPLY)  
   ______ I wish to pursue criminal charges.  
   ______ I wish to file a report with the local law enforcement authority, but do not wish to pursue criminal charges.  
   ______ I wish to pursue University disciplinary actions.  
   ______ I wish to pursue criminal charges and University disciplinary action  
   ______ I do not wish to pursue this matter and I request that the University of Evansville terminate its investigation.  
   ______ I request that the University of Evansville not contact local law enforcement authorities.

Disclaimer: The University of Evansville reserves the right to report instances of sexual misconduct to authorities IF the campus and the greater community may be in danger.
**Complainant- Please acknowledge the following:**

Although you have made your selection(s) regarding your claim of sexual misconduct with The University of Evansville, you reserve the right to change your mind at any time related to filing a police report, seeking counseling, requesting a full investigation and taking university disciplinary action.

_________________________________________  ___________________________
Signature (Reporting Party)  Date

_________________________________________
Printed (Reporting Party)

_________________________________________
Cell Number

_________________________________________
Email

This checklist has been provided by _____________________________ (name, title). Under Title IX, the University is required to investigate all reports of sexual misconduct but will make every effort to honor the wishes of the person filing this report (referred to as the complainant). The Policy Prohibiting Sexual Misconduct for students can be found at: [http://www.evansville.edu/offices/deanstudents/downloads/PolicyProhibitingSexualMisconduct.pdf](http://www.evansville.edu/offices/deanstudents/downloads/PolicyProhibitingSexualMisconduct.pdf)

Original stays with report. Copy to reporting party. Revised on: 7/17/2018