

Wartburg College
Sexual Harassment and Sexual Misconduct Complaint Form

This form may be completed by any member of the College community who has experienced or has otherwise become aware of an incident that may constitute a violation of Wartburg College's Sexual Harassment and Sexual Misconduct policy. Please complete this form to the best of your ability.

Name: _____

Today's Date: _____

College ID: _____

Phone Number: _____

Email: _____

Preferred Method of Contact: Phone Email Text Message Other _____

College Affiliation: Student Faculty Staff Alumni Guest

Incident Date: _____

Incident Time: _____

Incident Location

- Campus Building
- Campus Outdoors
- Organization House
- Off Campus
- College Sponsored Event

Type of Incident

- Harassment
- Violence
- Retaliation

Specific Location: _____

Respondent: _____

College ID: _____

College Affiliation: Student Faculty Staff Alumni Guest

Phone Number: _____

Email: _____

Witness 1: _____ **College ID:** _____

College Affiliation: Undergraduate Student Faculty Staff Alumni Guest

Phone Number: _____ **Email:** _____

Witness 2: _____ **College ID:** _____

College Affiliation: Student Faculty Staff Alumni Guest

Phone Number: _____ **Email:** _____

Witness 3: _____ **College ID:** _____

College Affiliation: Student Faculty Staff Alumni Guest

Phone Number: _____ **Email:** _____

Incident Narrative (use additional pages if needed):

Supportive Measures Requested:

- No Contact Order
- Faculty Notification
- On-Campus Counseling
- Off Campus Counseling
- Work Schedule Adjustment
- Academic Adjustment
- Residence Hall Relocation
- Facility Access Plan
- Campus Police Escort
- On-Campus Medical Care
- Off-Campus Medical Care
- Victim Advocate Outreach
- Assistance Reporting to Law Enforcement
- Academic Withdrawal- Partial
- Academic Withdrawal - Full
- Legal Support Information
- Visa/Immigration Information

Other: _____

Accommodations:

- I request an interpreter Language: _____
 - I request accommodation(s) for qualified disability
 - I do not request accommodation(s) for a qualified disability
-

Resolution Requested:

- No College Action
- Informal Resolution
- Formal Resolution (Investigation and Hearing)

Signature: _____

Date: _____

Received by: _____

Date: _____