TITLE IX INCIDENT REPORTING FORM

Instructions: Please complete this form to the best of your ability. Report only one incident per form. Please submit this form to the Title IX Coordinator within 24 hours of becoming aware of any incident.

Marquette University requires that all faculty and staff report issues of sexual violence, discrimination and sexual misconduct to the Title IX Coordinator or to the Marquette University Police Department.

If you are reporting an incident on behalf of someone else, whenever possible, please be sure the person disclosing information to you understands that this form is NOT CONFIDENTIAL, and if you are faculty or staff that you are obligated to report this information to Marquette University officials. If the individual does not know that you are reporting his incident, please indicate this in the area below.

Please submit this form to:

Kristen Kreple or MUPD
Title IX Coordinator 749 N. 16th Street
AMU 437 Milwaukee, WI 53233
(414) 288-3151 Emergency Phone: (414) 288-1911
kristen.kreple@marquette.edu Non-emergency Phone: (414) 288-6800

BACKGROUND INFORMATION:

Your full name:

Your position/title:

Your phone number:

Your email address:

Your physical address:

Date of the incident:

Time of the incident:

Location of the incident:

• On Campus – indicate location:

• Residence Hall-identify RH:

• Campus Town East:

• Campus Town West:

• Off Campus –indicate location:
INVOLVED PARTIES:

You are encouraged to include names of all involved parties (complainant, respondent, witnesses, reporting party)

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<tr>
<th>Name or Organization</th>
<th>Email address &amp; Phone number</th>
<th>Physical address</th>
<th>Role (complainant, respondent, etc...)</th>
<th>Student ID Number</th>
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How did you become aware of this incident/situation?

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

When did you become aware of the incident (the day you received the report)? ________________

Please describe the incident in as much detail as possible: ______________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________
Are there any other individuals to whom the complainant/victim has reported the incident? If so, please list the names, emails and phone numbers if known.

Does the complainant/victim know you are submitting this report?  Yes  No

Is there supporting documentation? For example, photos, email, medical reports, video surveillance, text messages?

- What type of documentation?
- Who has possession of the documentation?