TITLE IX REPORTING FORM

This form contains an alleged Title IX complaint and is the initial step in any discrimination, harassment, or sexual misconduct case involving students, faculty or staff of Western New England University on or off campus. The account below is an allegation and in no way implies guilt or responsibility. The confidentiality of proceedings and identities of parties to the complaint shall be protected to the fullest extent practicable; however, the University cannot guarantee complete confidentiality. Upon completion, submit this form to the University Title IX Coordinator (cheryl.smith@wne.edu). If at any time a party involved has questions or concerns, they should contact the University Title IX Coordinator, and/or visit the Title IX website: https://www1.wne.edu/title-ix/?wr=1

PARTIES INVOLVED

Role of person reporting incident: ___ Experienced it ___ Witnessed it ___ Reported to me ___ Heard about it
Person reporting incident wishes to remain anonymous: ___ Y ___ N
Person reporting incident (if they wish to identify themselves): ________________________________
Complainant wishes to remain anonymous: ___ Y ___ N
Complainant Name (if they wish to identify themselves): ________________________________
Name of person taking this report: ________________________________
Date of Report: ________________________________ Time: ________________________________
Complaint Involves: ___ Sexual Harassment ___ Sexual Assault ___ Sexual Misconduct ___ Dating Violence ___ Domestic Violence ___ Stalking ___ Bias ___ Discrimination ___ Other: Explain ________________________________

The reporting individual should initial next to each statement below to indicate that you have addressed that item for this report:

CONFIDENTIALITY SOMETIMES CANNOT BE GUARANTEED

___ Explained to person reporting the incident the “responsible employee’s” limits on confidentiality: that they have a duty to report sexual violence or other misconduct to the Title IX Coordinator.¹
___ The person reporting the incident/complainant understood the limitations of confidentiality.

IMMEDIATE SAFETY/MEDICAL CONCERNS (INITIAL ALL THAT APPLY)

___ None are readily apparent; or
___ Complainant appears physically hurt or has a physical complaint.
___ Complainant fears for their safety.

IF THERE IS ANY EMERGENCY, CALL PUBLIC SAFETY IMMEDIATELY, (413) 782-1411.

¹ Western New England Title IX Policy explains “When a ‘responsible employee’ becomes aware of an alleged act of sexual harassment, sexual misconduct discrimination, sexual assault, domestic violence, dating violence, or stalking, the employee must promptly contact the Title IX Coordinator or one of the Deputy Coordinators.”

My signature on each page confirms I have shared all information above with the complainant or other person reporting the incident and, to the best of my knowledge, all information is accurate as it was shared with me.

Faculty/Staff/Student (print): ______________________________________ Date: ____________
Faculty/Staff/Student (signature): _________________________________________________
REPORTER’S ACCOUNT

When did incident occur? ___________________ Where did incident occur? ________________________
What happened? __________________________

____________________________________________________________________________________

To whom have you spoken about this situation?________________________________________________

____________________________________________________________________________________

Are there other individuals who may have knowledge regarding this incident, such as witnesses?

____________________________________________________________________________________

PROVIDING AWARENESS OF ON-CAMPUS/OFF-CAMPUS RESOURCES

_____ Provided confidential resources available to person reporting the incident/complainant (Counseling Services, On Campus Clergy, Health Services).

_____ The person reporting the incident/complainant received the Title IX Emergency Information and Resources sheet ("one sheeter").

EMERGENCY INFORMATION & RESOURCES

ON-CAMPUS
Campus Police: 413-782-1207
Campus Police EMERGENCY: 413-782-1411
Counseling Services: 413-782-1221
Campus Clergy (Spiritual Life): 413-782-1628
Health Services: 413-782-1211
Title IX Coordinator: 413-782-1542
Title IX website: https://www1.wne.edu/title-ix/?wr=1

OFF CAMPUS
Springfield Police Line: 911
Domestic Assault & Sexual Assault 24-hr Hotline: (800) 796-8711
Baystate Medical Center: (413) 794-0000
Mercy Medical Center: (413) 748-9000

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Faculty/Staff/Student (print): ___________________________________________ Date: ______________

Faculty/Staff/Student (signature): ___________________________________________