The Title IX Incident Report form is to be used by any employee who is witness to or who has had reported to them an incident that may be deemed to be Sexual Harassment falling within Title IX guidelines.

Please follow these steps:

1. Save this form to your computer BEFORE completing it.
2. Once saved the form on your computer, fill in the form as thoroughly as you are able given the information that you know. The cells will expand as needed.
3. Save your completed form, sign it, and attach it in an email to titleixreports@usf.edu.
4. Contact from a Title IX official will follow to confirm receipt of the report form and to clarify any items.

Thank you for your time and assistance.

If you have questions, please contact DIEO Title IX at 813-974-8616 or 813-974-4373
**TITLE IX INCIDENT REPORT**
Office of Diversity, Inclusion & Equal Opportunity

This form is to be completed by any USF employee (if not identified as a “confidential resource acting in a specific role”), who observes or receives a disclosure of an alleged Title IX incident to include, but not limited to gender-based discrimination, sexual harassment, non-consensual sexual contact (battery/rape), domestic/intimate partner violence, stalking, and/or bullying. Follow guidance within this form and return to the Office of Diversity, Inclusion & Equal Opportunity ALN 172 ATTN: Title IX.

NO INVESTIGATION SHOULD BE CONDUCTED by the individual making this report.

<table>
<thead>
<tr>
<th>Name of Mandated Reporter:</th>
<th>Click here to enter text.</th>
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</thead>
<tbody>
<tr>
<td>Phone Number:</td>
<td>Click here to enter text.</td>
</tr>
<tr>
<td>USF Email:</td>
<td>Click here to enter text.</td>
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<tr>
<td>Department:</td>
<td>Click here to enter text.</td>
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<tr>
<td>Campus:</td>
<td>Click here to enter text.</td>
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</table>

**Disclosing Person(s) Information** (the individual(s) who may identify as the victim; could be a third party witness, could be the mandated reporter who saw something):

Name: Click here to enter text.
Location of Incident: Click here to enter text.
Phone: Enter best number here ☐Cell ☐Work ☐Home
Email: Click here to enter text.
Safe to Contact: ☐YES ☐NO

**Status:**
☐Student ☐Staff ☐Faculty ☐OPS ☐Graduate Assistant ☐Applicant ☐Visitor ☐Vendor

**Responding Person(s) Information** (the individual(s) who may be identified as the accused):

Name: Click here to enter text.
Email: Click here to enter text.

**Status:**
☐Student ☐Staff ☐Faculty ☐OPS ☐Graduate Assistant ☐Applicant ☐Visitor ☐Vendor
Priority (Select the risk level you believe most likely represents this incident below):

☐ Emergency/High Risk

(In emergency cases of high risk to USF community, individual, or group, dial UPD immediately)

☐ Urgent/Risk

(If a question exist regarding level of risk, consult DIEO, OSRR, or UPD)

☐ Controlled/Low Risk

(Incident is passed; some concern remains)

☐ General Report/No Current Risk

(Incident is just known, no risk remains; Responsible Employee duty)

Detailed Statement of Incident:

Click on the active text link below to begin typing your statement. This box will expand as needed to allow your full statement to be typed and included as a part of this report form.

Helpful Guidance:

1. Include the date, location, individuals involved—if known—and any other clearly factual information reported to you or observed by you;
2. Note if you have indicated to the complainant your status as a Responsible Employee AND/OR if you have made a referral to any USF Confidential Resource or Emergent Resource; AND,
3. Provide a best time/method to contact you to follow up on your report.

Click here to enter text.

Statement of Action Taken—if any:

Click on the active text link below to begin typing in paragraph or bullet format any and all actions that have been taken by you or the complainant. For example: “Contacted UPD Officer John Doe for guidance” or “Called USF Counseling Center to make a referral” or “Sought medical treatment at XYZ facility.” This box will expand as needed to allow you to detail all actions taken in this incident and will be included as a part of this report form.

Helpful Guidance:

1. Include the date, time, and individuals that you may have contacted, alerted, or otherwise involved in the incident as you worked to assist the complainant;
2. Note if any actions have been taken by those resources on behalf of the complainant (such as police report taken); AND,
3. Be clear, brief, but detailed when and where possible.

Click here to enter text.

Once you have completed ALL sections of this report, your form may be saved and printed. Next, please complete the following actions:

1. Sign and date the form where indicated;
2. Send to DIEO, Attn: Title IX via sealed envelope (ALN 172) or as an attachment to email (titleixreports@usf.edu) without names in subject or body of email.

Print Name: Click here to enter text. Signature:________________ Date: Click here to enter a date.