

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.
NO INTERIM MEASURES SHOULD BE PUT IN PLACE except those administered by the DIEO/SRR office.

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)*

Name of Mandated Reporter: _____

Phone Number: _____ USF Email: _____

Department: _____

Campus: Tampa St. Pete Sarasota Health World

#1. Who made the disclosure to you?

Name: _____

U Number: _____

Phone (enter best number after checked option)

Cell: _____ Work: _____ Home: _____

Email (USF email preferred): _____

Is this person also the alleged victim? YES (Skip to #3) NO (This is a third party report. Go to #2)

If this is a report of relationship violence, please ask if it is safe to contact the alleged victim: YES NO

Status of disclosing person:

Student Staff Faculty OPS Graduate Assistant Applicant Visitor Vendor

#2. Information for the person who experienced the incident (may be identified as the victim)

Name: _____

U Number: _____

Phone (enter best number after checked option)

Cell: _____ Work: _____ Home: _____

Email (USF email preferred): _____

Status of the person who experienced the incident:

Student Staff Faculty OPS Graduate Assistant Applicant Visitor Vendor



3. Responding Party Information (may be identified as the accused)

Name: _____

U Number: _____

Phone (enter best number after checked option)

Cell: _____ Work: _____ Home: _____

Email (USF email preferred): _____

Status of accused:

Student Staff Faculty OPS Graduate Assistant Applicant Visitor Vendor

Please provide a brief description of the reported harassment and how it was disclosed to you. For example, did they disclose in person, by email, or by phone? What did they disclose that prompted you to complete this form? This should only be brief summary.

Location of reported incident (if known): _____

Date of reported incident (if known): _____

Statement of Action Taken—if any:

Did you notify disclosing party you are a mandated reporter: YES NO

Did you provide resources to the victim:

YES (indicate all provided):

Title IX Victim Advocacy Police Counseling Medical Crisis Center The Spring

Other: _____

NO (explain): _____

List all other actions taken, such as notifying a supervisor, submitting a SOCAT or SRR referral, calling police, etc.

1. Save this document and name it "report" and the date. For example: Report_01.02.19
2. Due to public record laws, DO NOT use any names in the title of the document or attachment
3. Email as an attachment to titleixreports@usf.edu
4. In the subject line type "Title IX Report" and nothing else

DO NOT put any names in the body or subject line of the email.

Name: _____ Date: _____