



# Reporting Form

**IF THERE IS A THREAT OF HARM OR  
OTHER IMMEDIATE RISK TO PERSONAL SAFETY  
Call the police at 911 and campus safety at [PHONE]**

The TITLE IX Coordinator receives and reviews all reports of Prohibited Conduct, as defined by the University's [Discrimination and Harassment Policy, and Grievance](#). Such reports might include allegations of:

- Harassment or Discrimination on the basis of race, color, religious belief, national origin, sex, sexual orientation, pregnancy, marital status, gender, gender identity, social condition, political ideas, status as victim of domestic violence, disability, veteran status, genetic information, age, or any other characteristic protected by federal, state or local law;
- Sexual Assault, including forcible sex, non-forcible sex, rape, fondling, incest, and statutory rape;
- Dating Violence or Domestic Violence;
- Stalking; or
- Retaliation

If you experienced, witnessed, or have received a report of Prohibited Conduct, please complete the following Report Form to the best of your ability. A member of our staff will be in contact with you to follow up on your concern shortly. Alternatively, if you would prefer to speak directly with the Title IX Coordinator, you may contact Dr. Berta Rios at 305-301-7997 or [brios@albizu.edu](mailto:brios@albizu.edu).

**This report is not confidential.** Please note that this report is not confidential. While we will maintain your privacy, we may share your information with individuals on a need-to-know basis. If you would prefer to speak to a confidential resource, please contact Dr. Berta Rios at 305-301-7997 or [brios@albizu.edu](mailto:brios@albizu.edu).

## **Reporting Party Information**

*While the information in this section is not required, please note that anonymous reports with insufficient information may significantly limit the University's ability to review a report.*

Full Name:

Position/Title:

Email:

Phone Number:

If this report involves you, how would you like us to follow-up with you?

Phone

Email



If you are submitting this report on behalf of others, are they aware?

- Yes
- No
- Unsure
- N/A

**Incident Information**

*In this section, please provide as many details as you can about the incident. If you are unsure, please provide an approximation or general description.*

Report Type (check all that apply):

- Age
- Color
- Disability
- Gender
- Gender identity
- Genetic information
- Religious belief
- National origin
- Marital status
- Political ideas
- Pregnancy
- Race
- Social condition
- Sex
- Sexual orientation
- Status as victim of domestic violence
- Veteran status
- Other

Date and Time of Incident:

Location of Incident:

Please provide the name(s) of individuals and/or departments, campus groups, etc., involved in the incident:

Please provide a detailed description of the incident or concern:

**Supporting Documentation**

*If available, please attach any documentation that may relate to the incident or concern described above. This may include copies of emails, text messages, documents, photographs, etc. The submission of documentation is not required to submit this report.*