**Reporting Form**

**IF THERE IS A THREAT OF HARM OR
OTHER IMMEDIATE RISK TO PERSONAL SAFETY
Call the police at 911**

The TITLE IX Coordinator receives and reviews all reports of Prohibited Conduct, as defined in the document *Albizu Revised Policy and Procedures for Discrimination, Harassment, and Retaliation, including:*

* Discrimination and harassment based on actual or perceived race, color, religious belief, national origin, sex, sexual orientation, pregnancy status or related conditions of 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 in its programs, services and activities;
* 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.

**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.

**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.*

**Type of harassment of discrimination reported (check all the categories of harassment or discrimination that apply):**

☐ Age

☐ Color

☐ Disability

☐ Gender

☐ Gender identity

☐ Genetic information

☐ Religious belief

☐ National origin

☐ Marital status

☐ Political ideas

☐ Pregnancy status or related conditions of 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.*

*Submitted by:*

*Name:*

*Signature:*

*Date:*