

## TITLE IX INCIDENT REPORTING FORM

Instructions: Please complete this form to the best of your ability. Report only one incident per form. Please submit this form to the Title IX Coordinator within 24 hours of becoming aware of any incident.

Texas Health School requires that all faculty and staff report issues of sexual violence, discrimination, and sexual misconduct to the Title IX Coordinator or to the Marquette University Police Department.

If you are reporting an incident on behalf of someone else, whenever possible, please be sure the person disclosing information to you understands that this form is **NOT CONFIDENTIAL**, and if you are faculty or staff that you are obligated to report this information to Marquette University officials. If the individual does not know that you are reporting his incident, please indicate this in the area below.

Please submit this form to:

Title IX  
Coordinator  
Michel Del-Rio  
Burke 713-932-  
9333

[mburke@ths.edu](mailto:mburke@ths.edu)

**BACKGROUND INFORMATION:**

Your full name: \_\_\_\_\_

Your position/title: \_\_\_\_\_

Your phone number: \_\_\_\_\_

Your email address: \_\_\_\_\_

Your physical address: \_\_\_\_\_

Date of the incident: \_\_\_\_\_

Time of the incident: \_\_\_\_\_

Location of the incident:

- On Campus – indicate location: \_\_\_\_\_
- Residence Hall-identify RH: \_\_\_\_\_
- Campus Town East: \_\_\_\_\_
- Campus Town West: \_\_\_\_\_
- Off Campus –indicate location: \_\_\_\_\_

**INVOLVED PARTIES:**

You are encouraged to include names of all involved parties (complainant, respondent, witnesses, reporting party)

Name or Organization	Email address & Phone number	Physical address	Role (complainant, respondent, etc...)

How did you become aware of this incident/situation?

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When did you become aware of the incident (the day you received the report)? \_\_\_\_\_

Please describe the incident in as much detail as possible: \_\_\_\_\_

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Are there any other individuals to whom the complainant/victim has reported the incident? If so, please list the names, emails and phone numbers if known.

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Does the complainant/victim know you are submitting this report?    Yes            No

Is there supporting documentation? For example, photos, email, medical reports, video surveillance, text messages?

- What type of documentation? \_\_\_\_\_
- Who has possession of the documentation? \_\_\_\_\_