

Title IX provides protection from sex-based discrimination, harassment, or gender violence (collectively referred to as "sexual misconduct") at any educational institution receiving federal funding; and the regulations apply to women and men including gender non-conforming individuals. While students are the primary focus of the Title IX, the regulations also require that we take certain steps to report acts of violence involving all campus constituencies, including faculty and staff. Ilisagvik community members are urged to report any instances of sexual misconduct.

The purpose of this report form is to provide a uniform mechanism for members of Ilisagvik College to report initial information about sex-based incidents to the Title IX Coordinator for appropriate follow-up. The information provided on this form is used to reach out to potential victims and offer support and information on available resources. Where required, the information provided on this form may also be used by Ilisagvik College to comply with its obligation to track criminal activity.

If you are reporting an incident on behalf of someone else. Pleasebe sure the person disclosing information to you understands this form is not confidential and the Title IX investigator is obligated to fully investigate.

Confidentiality Policy: You have the option for reporting to a counselor who can maintain complete confidentiality (unless there is a concern for your safety or the safety of others). Also, you may speak with an off campus counselor, victim's advocate or clergy/chaplain.

* If you are unsure of a faculty or staff member's reporting requirement, information and resources are available with the Student Life Coordinator in the Student Success Center.

Check the Appropriate Box:	Victim/Complainant	Non-Victim		
Reporter's Role on Campus:	Student	Faculty	Staff	Other
Date/Time Incident:				
Incident occurred at or during:	College Event	Non-College E	vent	
List location:				
Incident was brought to your attention by:	Victim/Complainant	Uitness	Other:	
All Reporters: Police Report Filed	Yes	🗖 No	Unknown	
Name of the Victim/Complainant				
All Reporters:				

Victim/Complainant's Address (local)	:			
	City	State	:	Zip Code
Name of Alleged Offender:				
Alleged Offender's Contact Informati	0			
Ilisagvik College Affiliation of Alleged Offender:	Student	Faculty	Staff	🗖 Other
Description of the Alleged Offender:	Gender Height	Weight Age		
Description of the Incident: (If r	more space is neede	d, please attached add	litional pages)	
Signature of Person Completing the N	Narrative		Date:	
	·			
Phone Number:				
Address: City	/	State		Zip Code
Thank you for submitting this report.				
THE FULL REPORT SHOULD BE SUBM	ITTED TO:			
Dean of Student/Title IX Coordinator <u>titleIXcoordinator@ilisagvik.edu</u> PO Box 749 Barrow, Alaska 99723				
(907) 852 1823 -Phone (907) 852 1789 -Fax				