

GENDER-BASED/SEXUAL MISCONDUCT NOTIFICATION

Background Information

If you wish to identify yourself, please fill in the information listed below.
If the person completing this form is the victim, you may choose to identify yourself or not. If you are a third party complainant who is not the victim, please include the victim.

Your full name: _____ Your position/title: _____

Your phone number: _____ Your email address: _____

Your physical address: _____ Date of Notification: _____

Type of Complaint *(required)*: Are any involved *(required)*:

- | | |
|---|------------|
| 1. Discrimination | 1. Faculty |
| 2. Harassment (including sexual misconduct) | 2. Staff |
| 3. Retaliation | 3. Neither |

Date of Incident *(required)*: _____ Description of Location: _____

*Enter date of report if incident date is unknown.

Time of Incident *(if known)*: _____

Location of Incident *(required)*:

- On Campus—please provide building name: _____

*If "Location not specified" selected, please provide a description of the location.

- Off Campus: _____
- Online: _____

Involved Parties

Please identify the person(s) about whom the complaint is made. *If there are additional parties, please provide the information of those additional parties in the summary of the incident.*

Name or Organization: _____	Role (choose one):
Gender: _____	1. Complainant (Victim)
D.O.B. (MM/DD/YYYY): _____	2. Respondent (Alleged Perpetrator)
UNCW ID: _____	3. Witness
Phone Number: _____	
Email address: _____	
Hall/Address: _____	

Name or Organization: _____	Role (choose one):
Gender: _____	1. Complainant (Victim)
D.O.B. (MM/DD/YYYY): _____	2. Respondent (Alleged Perpetrator)
UNCW ID: _____	3. Witness
Phone Number: _____	
Email address: _____	
Hall/Address: _____	

Name or Organization: _____	Role (choose one):
Gender: _____	1. Complainant (Victim)
D.O.B. (MM/DD/YYYY): _____	2. Respondent (Alleged Perpetrator)
UNCW ID: _____	3. Witness
Phone Number: _____	
Email address: _____	
Hall/Address: _____	

Questions

While providing details is essential to investigating your complaint, please be advised that some or all of the information you provide in this section may be shared with the person(s) you are accusing. You may supplement this description later if you wish to share additional details.

If this is a discrimination or harassment complaint, please indicate the protected status(es) that is/are the basis of the alleged behavior.

- | | |
|---|---|
| <input type="checkbox"/> Race/Ethnicity | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Nationality | <input type="checkbox"/> Genetic Predisposition |
| <input type="checkbox"/> Sex/Gender | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Age | <input type="checkbox"/> Veteran Status |
| <input type="checkbox"/> Marital Status | <input type="checkbox"/> Disability |

If this is a sexual misconduct complaint, please indicate the type of violation that describes the alleged behavior.

- | | |
|---|---|
| <input type="checkbox"/> Non-Consensual Sexual Intercourse | <input type="checkbox"/> Sexual Harassment (Quid Pro Quo) |
| <input type="checkbox"/> Non-Consensual Sexual Contact | <input type="checkbox"/> Domestic Violence |
| <input type="checkbox"/> Sexual Exploitation (Voyeurism, Recording without Consent, etc.) | <input type="checkbox"/> Dating Violence |
| <input type="checkbox"/> Sexual Harassment (Hostile Environment) | <input type="checkbox"/> Stalking |
| | <input type="checkbox"/> Other Civil Rights Violations Based on Gender/Sex (Hazing, Bullying, Intimidation, etc.) |

Describe the incident(s)/event(s) including date, times, locations, and any potential witnesses to the behavior. (Please use additional pages if necessary.)

Is the Alleged Perpetrator known to the Victim? This includes acquaintances, classmates, and co-participants in campus organizations, among others.

- Yes
- No
- Not Sure

Describe the impact the behavior has had on you (if self-reporting).

Have you taken any action to stop the behavior?

- Yes**
- No**

If actions have been taken, what were they and what was the outcome?

Please add any additional information that supports this complaint. This could include additional witnesses, correspondence, or other relevant information you have not yet written on the form.

What remedy/resolution/assistance are you or the Victim seeking?