



Violence Complaint Form

(sexual harassment, sexual assault, dating or relationship violence, and stalking)

1B.3 Sexual Violence

This form is intended for use by students, employees, faculty, vendors, visitors or other concerned parties to report specific information related to incident(s) of sexual misconduct, dating/ relationship violence and/or stalking.

For the victim/survivor reporting, it is your choice whether to remain anonymous, please know doing so may limit the College's ability to address the matter and assist you. We strongly encourage you to access available resources, such as St. Louis County Victim Services

(<https://www.stlouiscountymn.gov/departments-a-z/attorney/victim-services>), Sexual Assault Resource Service (SARS) 612-873-5832; Safe Haven Shelter and Resource Center 218-728-6481, Program for Aid to Victims of Sexual assault (PAVSA) helpline 218-726-1931, St. Luke's Hospital, 915 E 1st St, Duluth, MN 55805, Essentia Health St. Mary's Medical Center, 407 E 3rd St, Duluth, MN 55805, MN Sexual Offense Services 651-254-3584; and the National Domestic Violence 25-hour Hotline (800-799-7233).

Please fill in the information listed below. If the person completing this form is the victim/survivor, you may choose to identify yourself or not. If you are a third party who is not the victim, please indicate the name of the victim and contact information below.

TYPE OF COMPLAINT: Sexual Harassment Sexual Assault Dating or Relationship Violence
 Stalking Sexual Violence

Name of COMPLAINANT: _____
(if more than one complainant, complete intake form for each)

Home Address: _____

Email: _____

Phone: (cellphone) _____ (other) _____

Gender: Male Female Other: _____

Check One: Student Faculty Staff Administrator External/Non-Campus

Date Filed: _____ Date of Alleged Incident: _____

Contact Information of Victim if Not Self-reporting:

Phone: _____ Email: _____

Home Address: _____



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Name of RESPONDENT: _____
(if more than one respondent, list complete information for each)

Home Address: _____

Email: _____

Phone: (cellphone) _____ (other) _____

Gender: Male Female Other: _____

Check One: Student Faculty Staff Administrator External/Non-Campus

EXPLAIN YOUR COMPLAINT IN DETAIL. ADD ADDITIONAL PAGES IF NECESSARY. ATTACH DOCUMENTS YOU BELIEVE MAY BE HELPFUL IN INVESTIGATING YOUR COMPLAINT.

1. Describe the specific incident(s) of sexual misconduct. List times, dates, locations, and names of the people involved in the incident(s) if possible. If social media platforms were used to communicate with any party, please identify which platforms were used.

[ATTACH ADDITIONAL PAGES IF NECESSARY]



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LIST POTENTIAL WITNESSES YOU BELIEVE POSSESS INFORMATION ABOUT YOUR COMPLAINT. ADD ADDITIONAL PAGES IF NECESSARY.

Name of WITNESS #1: _____
(if more than one witness, list complete information for each)

Email Address: _____

Phone: (cellphone) _____ (other) _____

What information can this witness provide?

Name of WITNESS #2: _____
(if more than one witness, list complete information for each)

Email Address: _____

Phone: (cellphone) _____ (other) _____

What information can this witness provide?

Name of WITNESS #3: _____
(if more than one witness, list complete information for each)

Email Address: _____

Phone: (cellphone) _____ (other) _____

What information can this witness provide?

LIST DOCUMENTS YOU BELIEVE MAY HELP IN INVESTIGATING YOUR COMPLAINT. PROVIDE THE NAME, DATE AND EXPLANATION OF THE CONTENTS OF EACH DOCUMENT. ADD MORE PAGES IF NECESSARY.



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NAME OF DOCUMENT #1: _____

DATE: _____ EXPLANATION OF CONTENTS:

NAME OF DOCUMENT #2: _____

DATE: _____ EXPLANATION OF CONTENTS:

NAME OF DOCUMENT #3: _____

DATE: _____ EXPLANATION OF CONTENTS:

By submitting this form, I understand that I am making a formal Title IX complaint with the University's Title IX Office and am seeking a campus investigation of this complaint.

Complainant Signature

Date: _____

Name Printed

Tech or Star ID #

Title IX Coordinator

Date: _____

Name Printed