

Title IX Reporting Form

This form is used if you have experienced sexual and gender-based harassment, sexual violence, stalking and/or intimate partner violence. Review the Lassen College Guide to Title IX for more information.

Reporter Background Information

Your Full Name

Your Position/Title

Your Phone Number

Your E-mail

Your Physical Address

City

State

Zip Code

Date of Incident

Time of Incident

Location of Incident

Specific Location Description

Questions

Please provide a narrative description of the incident(s) that you seek to report. You may provide as much or as little information as you choose.

Involved Parties

Please list the individuals involved (including yourself), including as many of the listed fields as you can provide. For non-students, please list a drivers license number in the block labeled SID (Student ID#) if available.

Name

Select Gender

Select Role

DOB (YYYY-MM-DD)

Phone Number

Email Address

Student ID Number

Address

Name

Select Gender

Select Role

DOB (YYYY-MM-DD)

Phone Number

Email Address

Student ID Number

Address

Name

Select Gender

Select Role

DOB (YYYY-MM-DD)

Phone Number

Email Address

Student ID Number

Address

Please add additional paper to identify individuals involved if necessary.

Was Campus Safety Involved or did they respond?

Yes

No

I don't know