

**Sovah School of Health Professions
Incident Report Form**

Today's Date: _____

Information Regarding the Complainant

Name of the Complainant: _____

Complainant's Phone Number: _____

Emplid: _____

The Complainant is (please check one): faculty student staff not affiliated with the
School

For faculty, staff, and students, indicate whether current or former

Information Regarding the Alleged Victim (if he or she is not the Complainant):

Name of the alleged victim: _____

Emplid: _____

The alleged victim is (please check one): faculty student staff not affiliated with the
School

For faculty, staff, and students, indicate whether current or former

Information Regarding the Respondent:

Name of the Respondent: _____

Respondent's phone number (if known): _____

Emplid: _____

The Respondent is (please check one): faculty student staff not affiliated with the
School

For faculty, staff, and students, indicate whether current or former

Information Regarding the Alleged Misconduct (sexual harassment, sexual violence, domestic violence, dating violence, or stalking):

Time and date of the alleged Misconduct: _____

Location of the alleged Misconduct: on campus: _____

off campus: _____

Witnesses or third parties who may have information regarding the alleged Misconduct, along with phone number, Emplid, if known:

Please provide a brief description of the alleged Sexual Misconduct:

Please submit this form and any other documents to the Title IX Coordinator, or, email: mary.thomas1@lpnt.net