



## Referral Form: Discrimination, Harassment, Gender-Based Misconduct

Your Full Name \_\_\_\_\_ Position/Title (if any) \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Reason for this referral (Required)

Please choose  Witness  Referral  Complainant  Third-party

Date of Occurrence (if known—Required) \_\_\_\_\_ Time of Incident \_\_\_\_\_

Location of Occurrence (Required)

On-campus  Public Property  Off-campus  Other \_\_\_\_\_

Specific Location \_\_\_\_\_

### Involved Parties/Witnesses

Name of Individual or Organization \_\_\_\_\_

Gender  Male  Female

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Name of Individual or Organization \_\_\_\_\_

Gender  Male  Female

Phone # \_\_\_\_\_ Email \_\_\_\_\_

**Narrative Information/Notifications**

Please provide a narrative of the incident. Be sure to provide as much information as possible about the incident  
(Required)

Please indicate other departments that have been notified (Optional)

Rape Crisis/Anti-Violence Support Center

Counseling/Advising Office

Campus Security

Other \_\_\_\_\_

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**Supporting Documentation**

Attachments must be send as Microsoft Word or Adobe PDF files. 1GB maximum total size. Attachments required time to upload, so please be patient after submitting this form.

**Referrer Affiliation**

Are you, the referrer, a student, faculty, or staff member?    Yes            No