



Sexual Harassment/Sexual Assault/Sexual Misconduct Reporting Form

COMPLETING THIS REPORT DOES NOT SUBSTITUTE FILING A REPORT WITH THE POLICE. TO REPORT AN EMERGENCY OR IF YOU ARE REPORTING AN INCIDENT THAT POSES AN IMMEDIATE RISK OF HARM TO A PERSON(S) OR PROPERTY, DIAL 9-1-1.

This form should be used only to report concerns pertaining to possible violations of Texas Tech University Health Sciences Center El Paso (TTUHSC EP) Sexual Harassment, Sexual Assault, Sexual Misconduct and Title IX Policy such as gender based discrimination, dating violence, domestic violence, hostile environment, sexual assault, nonconsensual sexual contact, sexual exploitation, sexual harassment, stalking, retaliation, or other forms of sexual misconduct. Upon receipt of a report, TTUHSC EP will review the matter and, if necessary, conduct an investigation and take appropriate steps to stop and remedy prohibited conduct in accordance with TTUHSC EP's policies.

TTUHSC EP respects the sensitivity of the information that may be included in this form and will make reasonable efforts to protect the privacy of those involved, in accordance with applicable state and federal law, while balancing the need to gather information to address the incident and take steps to eliminate prohibited conduct to protect individuals and the greater TTUHSC EP community. If you wish, you may file an anonymous complaint; however, please note that anonymity in reporting may greatly limit TTUHSC EP's ability to address your concern. To speak with a counselor in confidence regarding an incident, staff and faculty may contact the TTUHSC EP Employee Assistance Program at (915)215-6255 or TTUHSCelpasoAssistanceProgram@ttuhsc.edu. Students may contact the Student Support Center at (915)215-TALK (8255) or support.elp@ttuhsc.edu.

TTUHSC EP prohibits any type of retaliation of any kind against persons reporting misconduct or any person's participation in the complaint or investigation process.

If you would like to speak to someone about completing this report form, please call the TTUHSC EP Title IX Coordinator, Leslie Collins, at 806-743-9861 or the System Title IX Coordinator for Employees, Dawn Payne, at 806-742-3627.

Please note that submissions using this form may not be reviewed outside of normal business hours.

BACKGROUND INFORMATION			
Your Full Name <i>(You may write Anonymous):</i>			
TTUHSC EP Employee:	YES	NO	N/A
TTUHSC EP Position/Job Title:			
TTUHSC EP Student:	YES	NO	N/A
TTUHSC EP Student Degree Program:			
Your Phone Number:			
Your Email Address:			



Your Physical Address:	
Nature of this Report (REQUIRED):	
Date of Incident (REQUIRED):	
Time of Incident:	
Location of Incident (REQUIRED):	
Specific Location: <i>(Please Include room and/or building number or description of location)</i>	

INVOLVED PARTIES

Please list the individual(s) involved, excluding yourself, with as many of the listed demographic fields below you can provide. If you do not have access to the demographic information, continue to submit the report as the information will be researched once the report is received. An individual listed as "Alleged" is the party who may have violated the policy. "Victim is the individual to whom the misconduct was directed. "Witness" is an observer to or who has knowledge of the incident.

Name:	
Gender:	
Select Role:	
ID or R#	
Phone Number:	
Email Address:	
Physical Address:	

DESCRIPTION AND NARRATIVE

Please provide a detailed description of the incident/concern using specific, concise, objective language (who, what when, where, why, and how). Please be advised that information you provide here may be shared with the person whose behavior is being reported, as well as with TTUHSC personnel who may be contacted in support of the involved persons (REQUIRED).

Please provide the names of any persons or entities to whom any violation of law was reported and the date of the report.



What TTUHSC policy or procedure do you believe was violated and how?

What specific resolution do you seek?

Do you have any immediate concerns of safety or health? If yes, please explain.

Did You Seek Medical Attention for this Incident:	YES	NO
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Are You Completing this Form for Someone Else:	YES	NO
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The Other Person's Name:	
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The Other Person's Phone Number:	
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The Other Person's Email Address:	
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SUPPORTING DOCUMENTATION

Please send any photos, video, email and other supporting documents directly to TTUHSC Title IX Coordinator, Leslie Collins at leslie.collins@ttuhsc.edu or the System Title IX Coordinator for Employees, Dawn Payne at eeo@ttu.edu