



## Sexual Misconduct Incident Reporting Form

### Official Notice

When you submit this report, you are providing official notice to Arkansas State University-Beebe of an allegation of sexual discrimination. When formally reported, sexual discrimination allegations are investigated in a prompt, thorough, and unbiased manner in compliance with applicable law and addressed using the relevant policy and procedures. Information from the official investigative report will only be disclosed to those persons with a legitimate need-to-know to the extent authorized or required by law.

If you have any questions or concerns, please contact the Title IX Coordinator at 501.882.8986 or [titleix@asub.edu](mailto:titleix@asub.edu).

### Reporter Contact Information

**(NOTE: If you are a mandatory reporter, you must complete this section.)**

Fields marked with \* are required.

Full Name \_\_\_\_\_  
Last First MI

Position/Title \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Residence Hall and Room or Street/P.O. Box \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_

### Nature of this Report \*

- Student on Student
- Student on Faculty/Staff
- Faculty/Staff on Student
- Faculty/Staff on Faculty/Staff
- Other: \_\_\_\_\_

Date of Incident (mm/dd/yyyy) \* \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Time of Incident \_\_\_\_\_

Location of Incident

- Off Campus
- On Campus
  - Beebe Campus
  - Heber Springs Campus
  - LRAFB Campus
  - Searcy Campus
- Online
- Residence Halls
  - Horizon Hall
  - Legacy Hall
- Other: \_\_\_\_\_

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

Involved Parties

**Complainant (Alleged Victim)**

Name OR Organization \_\_\_\_\_

Gender

- Male
- Female
- Transgender
- Other: \_\_\_\_\_

Student ID \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Residence Hall or Street/P.O. Box

City, State, Zip Code

**Respondent (Accused Party)**

Name OR Organization \_\_\_\_\_

Gender

- Male
- Female
- Transgender
- Other: \_\_\_\_\_

Student ID \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Mailing Address

Residence Hall or Street/P.O. Box

City, State, Zip Code

Witnesses

Please list witnesses and/or other people to who may have information related to the incident. Include contact information.

Name	Contact Information

Incident Details

Type of Incident \*

- Dating Violence
- Domestic Violence
- Sexual Assault
- Sexual Harassment
- Stalking
- Other
- Unsure

Please provide a detailed summary of the incident. \*

Has a police report been filed? \*  Yes  No

If you responded "Yes" to the question above, please provide the name of the law enforcement agency (ex: University Police Department, Beebe Police Department, etc.) that received the report.

Submit Report

Please email the completed *Sexual Misconduct Incident Reporting Form*, along with the police report (if applicable) or other evidence to [titleix@asub.edu](mailto:titleix@asub.edu).