



# Sexual or Gender-Based Misconduct (TITLE IX) Incident Report Form

This form may be used to submit concerns about sexual or gender-based misconduct, including sexual harassment, sexual assault, stalking, and dating/domestic violence. The information you provide is sent directly to the Morton College Title IX Coordinator(s) for their review and response. The privacy of this information will be maintained to the greatest extent possible, while allowing the College to review and respond to the incident as needed to protect safety and promote accountability.

The College encourages student victims of sexual discrimination, harassment and/or misconduct, including sexual violence, to talk to somebody about what happened so victims can get the support they need and so the College can respond appropriately.

If you have experienced sexual violence and you are not sure whether you want to report to Morton College, you can call the following resources to assist/support you during this process. You may use this form to report anonymously by not including your contact information. Please note, the College will still investigate the situation to the best of its ability without your involvement beyond filing the initial reporting form.

- Cook County Health Department: (708) 232-4500
- Illinois Attorney General, Victim Assistance Services (800) 228-3368
- Illinois Coalition against Sexual Assault (217) 753-4117
- National Domestic Violence Hotline (800) 799-7233
- National Sexual Assault Hotline (800) 656-4673
- Pillars – Fillmore Center (708) 745-5277
- YWCA Metro Chicago – Austin Community Satellite (888) 293-2080; (773) 287-6057
- 24-hour Confidential Domestic Violence Hotline (708) 485-5254
- 24-hour Confidential Sexual Assault Hotline (708) 482-9600

You are encouraged to review Morton College Sexual Harassment or Misconduct Harassment and Retaliation policy and resources so that you can learn more about your options for support/assistance, confidential and non-confidential reporting, and what the College's resolution processes involve. If this incident may also constitute a crime, you are encouraged to report it to the police, but you have the right not to do so.

## Reporter Information

Please provide as much as information as you are comfortable sharing. NOTE: If you want to remain anonymous, do NOT include your name or contact information.

Your full name:	
Your role/position:	
Your phone number:	
Your email address:	
Person(s) being reported <i>(Required):</i>	<input type="checkbox"/> Unknown <input type="checkbox"/> Student <input type="checkbox"/> Employee <input type="checkbox"/> Community Member/Visitor

Type of incident <i>(Required):</i>	<input type="checkbox"/> Unsure <input type="checkbox"/> Dating/intimate partner violence <input type="checkbox"/> Discrimination <input type="checkbox"/> Sexual assault, rape or other physical violent behavior(s) <input type="checkbox"/> Sexual harassment or discrimination, including creation of hostile environment <input type="checkbox"/> Stalking <input type="checkbox"/> Other sexual or gender based misconduct
Date of incident <i>(Required):</i>	
Time of incident:	
Location of incident <i>(Required):</i>	
Specific location:	

<b>Involved Parties</b>
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Name:	
Perceived gender:	
Role:	
MC ID Number:	
DOB (YYYY-MM-DD):	
Phone number:	
Email address:	
Address:	

Name:	
Perceived gender:	
Role:	
MC ID Number:	
DOB (YYYY-MM-DD):	
Phone number:	
Email address:	
Address:	

Name:	
Perceived gender:	
Role:	
MC ID Number:	
DOB (YYYY-MM-DD):	
Phone number:	
Email address:	
Address:	

### Description of Incident or Concern

Please provide as much details as you can or are willing to provide. This will serve as the initial complaint and the bases of the investigation.

Please provide the facts of the incident in as much detail as possible. Describe what happened in chronological order using specific, concise, objective language (who, what, where, when, why and how). *(Required)*

Was this an isolated event, or part of a larger pattern? Please describe.

If there were any witnesses, please provide their names/any known contact information about them.

Is there anything else you want to share?

### Supporting Documentation

Photos, video, email and other supporting documents may be provided along with this form.

### Submitting

Please return the original Incident Report Form via email at [titleix2@morton.edu](mailto:titleix2@morton.edu) or mail to Morton College, Human Resources (Title IX Coordinator), 3801 S. Central Ave., Cicero, IL 60804