



What is the Purpose of this Form?

Any individual who believes or suspects that a violation of Central State University Sexual Misconduct, Harassment, and Discrimination Policy has occurred may use this form to report the violation. Conduct in violation of the policy includes domestic violence, dating violence, sexual assault, stalking, sexual exploitation, sexual misconduct, discrimination, and harassment, as well as retaliation against anyone reporting such conduct or participating in related proceedings.

Reporting:

The law and the policy prohibit sexual misconduct, harassment, and discrimination between members of the University community including students, faculty, staff, applicants, and campus guests. This prohibition applies to all University programs and employment on or off-campus. All are encouraged to use this form for reporting. Complaints in any form or medium will be accepted, but anonymous or partial reports may be harder to investigate and address in some instances. Please help us make our campus a safer place by providing as much information as possible, no matter how you choose to report a violation. Except as described below, any University employee, whether faculty or staff, who receives a complaint or otherwise learns of a possible violation of the policy **MUST** report this to the Title IX Coordinator or a Title IX Deputy Coordinator. This includes rumors, second-hand information, and witnessed incidents.

Are there University employees who will keep complaints confidential?

An employee who becomes aware of a complaint while acting in his or her capacity as a member of the clergy, a therapist, or a physician, will keep the complaint confidential pursuant to the employee's professional and legal obligations unless the student expressly authorizes disclosure.

What if a complainant requests confidentiality?

Even if a complainant requests confidentiality or is unwilling to proceed with a complaint, University employees are required to report the complaint to the Title IX Coordinator. If confidentiality is requested, the University will take reasonable steps to investigate and respond to the complaint, consistent with the complainant's request. In all cases, the University will weigh its responsibility to provide a safe and nondiscriminatory environment against the complainant's request for confidentiality. The complainant has a right to file both an internal complaint and a criminal complaint. In the interest of protecting the safety of the entire University community, in some cases, Central State may also inform Campus Police of alleged criminal conduct, even in the absence of the complainant's authorization.

What resources are available to complainants?

Information for students on Central State University policies on sexual misconduct:

[Title IX Sexual Harassment Policy \(9\)](#)

[Discrimination Harassment Retaliation Policy \(8\)](#)

Reporter's Affiliation to Central State University and available resources is found at:

[Title IX Information | Central State University](#)

Please complete the information requested on this form and email or otherwise deliver the form to:

Title IX Coordinator
Newsom Administration Building, Room 10B
PO Box 1004 | Wilberforce, Ohio 45384
O: 937-376-6563 | E: titleix@centralstate.edu



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| Complainant's Information <i>(if different from reporter)</i> Complainant's Name: | Complainant's Affiliation to Central State University <i>(student, faculty, staff, unaffiliated)</i> : |
| Complainant's Contact Information <i>(if available)</i> Phone: | Email: |
| Alleged Perpetrator's Information Alleged Perpetrator's Name <i>(if known)</i> : | Alleged Perpetrator's Affiliation to Central State University <i>(student, faculty, staff, unaffiliated)</i> : |
| Incident Information Date and Time of Incident: | Location of Incident: |
| Brief Description of Incident <i>(nature of misconduct, context of circumstances, such as spring break trip, on campus event, off campus party, identity of witnesses, etc.)</i> : | |
| Reporter's Information <i>(if different from complainant)</i> Reporter's Name: | Date of Report: |
| Reporter's Affiliation to Central State University <i>(student, faculty, staff, unaffiliated)</i> : | Reporter's Contact Information Phone: Email: |
| Additional Information | |

Signature

Clear Form

Submit Form