



Does the incident(s) involve one of the following\*:

- An Alumnus
- An undergraduate member of the Chapter
- Unsure

Type of offense(s) as described in *Part A Section 5.11 Sexual Violence* of this Policy\*: *check all that apply.*

- Sexual Assault
- Sexual Harassment
- Stalking
- Incident Exposure
- Voyeurism
- Distribution of a Sexually Explicit Photograph or Recording
- Stealthing

Description of desired resolution/outcome from this report\*:

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Are you comfortable with the committee sharing the details of this report with the perpetrator\*:

- Yes
- No

List any member(s) - alumni, undergraduate, and/or pledge - of the Chapter which may be known as a conflict of interest\*:

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You confirm that all information that you provided on this report is true, correct and complete according to your recollection. You confirm that you will inform us without undue delay if there are any changes to this information at any time when this Agreement is in force.\*

Signature\*: \_\_\_\_\_

## Submitting on survivor's behalf:

Please note that each field is optional except those marked with an asterisk (\*):

Name of person submitting the report\*: \_\_\_\_\_

Email Address of person submitting the report\*: \_\_\_\_\_

You confirm that you have received the consent of the survivor to complete and submit this formal report on their behalf\*

Name of survivor(s): \_\_\_\_\_

Survivor(s) email address: \_\_\_\_\_

Name of perpetrator(s)\*: \_\_\_\_\_

Does this report concern a single incident or series of incidents\*:

- Single incident
- Series of incidents

Description of the incident(s)\*.

Include the following:

- Where and when the incident(s) happened
- Any other party other than the survivor(s) and the perpetrator(s) involved

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Does the incident(s) involve one of the following\*:

- An Alumnus
- An undergraduate member of the Chapter
- Unsure

Type of offense(s) as described in *Part A Section 5.II Sexual Violence* of this Policy\*: *check all that apply.*

- Sexual Assault
- Sexual Harassment
- Stalking
- Incident Exposure
- Voyeurism
- Distribution of a Sexually Explicit Photograph or Recording
- Stealthing

Description of the survivor(s)'s desired resolution/outcome from this report\*:

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Is the survivor(s) comfortable with the committee sharing the details of this report with their perpetrator\*:

- Yes
- No

List any member(s) - alumni, undergraduate, and/or pledge - of the Chapter which may be known as a conflict of interest\*:

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You confirm that all information that you provided on this report is true, correct and complete according to the survivor's recollection. You confirm that you will inform us without undue delay if there are any changes to this information at any time when this Agreement is in force.\*

Submitter's Signature\*: \_\_\_\_\_