

Sexual Misconduct Information Report Form

This form may be completed by any member of the Winthrop community who has experienced or otherwise become aware of an incident of sexual misconduct (sexual assault, intimate partner violence, stalking, harassment, bias crimes), as defined by the most recent edition of the Winthrop University Student Handbook, under: The Sexual Misconduct Policy. The victim involved in the report may identify themselves or choose to remain anonymous.

You are not required to ask for all this information, please document what information is volunteered.

Acts of sexual misconduct are the most under reported offenses on college and university campuses.

Please help to keep our campus community safe.

To report an incident of sexual misconduct, please complete and submit this form to the Victim Service Coordinator, Joan Harris, by hand-delivering it to 104 Crawford, fax 803-323-3332, or email at: harrisjs@winthrop.edu. If you have any questions call (803) 323-2206, ext. 6178, or (803) 280-9467. Thank you!

Date of Misconduct: _____

Time Misconduct Occurred: _____

Please provide the following information about the victim:

Name (optional): _____

Gender: Male Female Transgender

Gender Fluid

Affiliation to Winthrop: Undergraduate Student

Graduate Student Faculty Staff

Other: _____ Athlete: _____

Greek: _____

Student Org/Clubs: _____

Victim Residence: Winthrop Housing: _____

Off Campus _____ Unknown

Alcohol Involved: Yes No Unknown

Drugs Involved: Yes No Unknown

Location of the incident: On-campus: _____

Greek House: _____ Unknown

Please provide the following information about the accused:

Name (optional): _____

Gender: Male Female Transgender

Gender Fluid

Affiliation to Winthrop: Undergraduate Student

Graduate Student Faculty Staff

Other: _____ Athlete: _____

Greek: _____

Student Org/Clubs: _____

Accused Residence: Winthrop Housing: _____

Off Campus _____ Unknown

Alcohol Involved: Yes No Unknown

Drugs Involved: Yes No Unknown

Relationship to the victim: Acquaintance

Friend Partner Spouse Stranger

I Inknown

Briefly describe what the victim reported:

Please provide the following information about the incident that occurred:

Weapon, please specify:

Physical Injury, please specify:

Reported to Police, please specify:

Received Medical Treatment, please specify where and when:

Notes:

Office(s) referred to:

Health Services Counseling Services Office of Victims Assistance

Dean of Students Office Campus Ministries Campus Police

Notes:

Report submitted by:

Name:

Contact Number and Email:

Date of report:

****Please submit this form within 24 hours of the initial report to Joan Harris, Victim Services Coordinator by hand-delivering (strongly preferred) to 104 Crawford, fax 803-323-3332, or email harrisjs@winthrop.edu.**

For questions, please call Joan Harris at (803) 323-2206, ext. 6178, or (803) 280-9467.

Thank you!