

Sexual Violence Report Form

Date of Incident (select one):

Specific Date (MM/DD/YYYY):

Date Range: to: Date(s) Unknown:

Incident Description (provide specific information related to the reported incident):

Location of Incident:

Location Name:

Location Address:

Person Reporting:

Name (leave blank if you wish to report anonymously):

Email:

Daytime phone:

Status:

Student: Employee: Other:

Relationship of person reporting to the parties involved:

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Person Harmed:

Name (if known):

Email:

Daytime phone:

Status:

Student: Employee: Other:

Is the person aware this report is being made?

Yes: No:

Any other person harmed?

Yes: No:

If yes, provide information:

Person(s) Accused:

Name (if known):

Email:

Daytime Phone:

Status:

Student: Employee: Other:

Is the person aware this report is being made? Yes: No:

Any other person accused? Yes: No:

If yes, provide information:

Law Enforcement Involvement:

Has law enforcement been notified?

Yes: No: Unknown:

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To Submit:

Please fill out and print this form, and bring/mail it to (or save and email to):

Title IX Coordinator:

Sheila Bryant,
Director of Equal Opportunity and Affirmative Action
601 College Street
Browning Building, Room 6A
Clarksville, TN 37044
bryantsm@apsu.edu

Or

Deputy Title IX Coordinator:

Gregory Singleton,
Associate Vice-President for Student Affairs & Dean of Students
601 College Street
Morgan University Center, Room 206D
Clarksville, TN 37044
singleton@apsu.edu