

# Formal Sexual Misconduct Reporting Form

## Minot State University

### Reporter Information (leave blank if report is anonymous)

First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Student ID Number (if student): \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Address: \_\_\_\_\_

### Victim Information

First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

#### **Academic Status**

- Current Student
- Non-student, please explain: \_\_\_\_\_
- Other: \_\_\_\_\_

### Perpetrator Information

First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

#### **Academic Status**

- Current Student
- Non-student, please explain: \_\_\_\_\_
- Other: \_\_\_\_\_

*If identity is unknown please complete the following:*

Gender:       Male       Female

Physical Description: (As much detail as possible; height, weight, tattoos, scars, skin pigment, hair, facial hair, clothing, etc.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

