

## Title IX Reporting Form:

### **Sexual Misconduct, Dating or Intimate Partner Violence, Domestic Violence, Stalking, or Sexual Exploitation**

**If there is an immediate risk to health or safety, please call 9-1-1 or the College Police at (619) 216-6691. Please note that submissions using this form might not be reviewed outside of normal business hours.**

Southwestern Community College prohibits Sexual Misconduct, Dating or Intimate Partner Violence, Domestic Violence, Sexual Exploitation and Stalking and has [established policies and administrative procedures](#) to combat these acts. This reporting form was created to capture online reporting of incidents that may violate our policies.

Filing this report may begin the process of an inquiry into the information provided. Please follow this link for information regarding your [Rights and Reporting Options](#) for anyone who has experienced Sexual Misconduct, Dating or Intimate Partner Violence, Domestic Violence, Sexual Exploitation, and or Stalking. Please contact the Title IX Coordinator directly for more information.

Individuals who want to main confidentiality should not submit this form and should instead contact [Personal Wellness](#) at (619) 421-6700 x5279 or by email at [swcpersonalwellness@swccd.edu](mailto:swcpersonalwellness@swccd.edu).

Employees are required to disclose all information concerning reports they receive, including the names of the parties, even where the person has requested anonymity. Completing this form satisfies employee reporting requirements of Title IX.

#### Definition of Parties:

- Reporting party: Individual who received the report as an employee of SWC and is fulfilling mandatory reporting duties or who one who witnesses the incident(s).

- Complainant: Individual who experienced the alleged behavior(s).
- Respondent: Individual who engaged in the alleged behavior.
- Witness: Individual who has a first-hand account of the alleged behavior(s)
- Bystander: Individual who has a first-hand account of the alleged behavior(s) and who tried to intervene to stop the alleged behavior(s).

### Report Status

1. What is the urgency of this report? (Required) Select:

If this report is an emergency, call 9-1-1 or College Police at **(619) 216-6691**.

### Reporting Party Information

2. Your full name: \_\_\_\_\_
3. Your relationship to SWC: \_\_\_\_\_
4. Your position/title: \_\_\_\_\_
5. Your phone number: \_\_\_\_\_
6. Your email address: \_\_\_\_\_

### Involved Parties

7. Name of complainant: \_\_\_\_\_
8. Complainant's relationship to SWC: \_\_\_\_\_
9. Complainant's email: \_\_\_\_\_
10. Complainant's contact phone: \_\_\_\_\_
  
11. Name of respondent: \_\_\_\_\_
12. Respondent's relationship to SWC: \_\_\_\_\_
13. Respondent's email, if known: \_\_\_\_\_
14. Respondent's contact phone, if known: \_\_\_\_\_

If you do not know the name of the Respondent, please type, Unknown Respondent in the name field.

- 15. Witness name: \_\_\_\_\_
  - 16. Witness relationship to SWC: \_\_\_\_\_
  - 17. Witness email, if known: \_\_\_\_\_
  - 18. Witness contact phone, if known: \_\_\_\_\_
- If you do not know witness relationship to SWC type unknown.

- 19. Bystander name: \_\_\_\_\_
- 20. Bystander relationship to SWV: \_\_\_\_\_
- 21. Bystander email, if known: \_\_\_\_\_
- 22. Bystander contact phone, if known: \_\_\_\_\_

23. Does this incident involve a SWC student organization or a member of the organization? Yes No

24. If yes, what is the name of the student organization?

\_\_\_\_\_

25. What is the name of the member of the organization?

\_\_\_\_\_

26. Does this incident involve a SWCCD athlete? Yes No

27. What is the name of the athlete?

\_\_\_\_\_

### Description of Incident

28. Date of incident: **(Required)**: (Format is MM/DD/YYYY) \_\_\_\_\_

29. Time of incident: \_\_\_\_\_

30. Please select a campus: **(Required)**

31. Location of incident on campus: **(Required)**:

\_\_\_\_\_

32. Classification of crime of incident:

33. Please provide a description of the incident(s) using specific concise, objective language (Who, what, where, when, why, and how). **(Required)**

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**Protected Class**

34. If applicable, please indicate the protected class(es) for which you are reporting harassment, discrimination, or retaliation.

Age

Color

Disability (Physical or Mental)

Ethnic Group Identification

Gender

Gender Expression

Gender Identity

Gender Orientation

Genetic Information

National Origin

Marital Status

Medical Condition

Pregnancy/Parenting

Race

Religion

Sex

Sexual Orientation

Veteran or Military Status

Not sure

Other

### **Other Reports Made**

Check the appropriate boxes:

I am fulfilling my requirement as an employee to report harassment, discrimination and/or retaliation to the Title IX office.

Local Law Enforcement:

College Police:

Employee (Faculty/Staff/Administrator):

Human Resources:

None of the above:

Other:

### **Resolution Sought**

What action or resolution are you requesting? **(Required)**

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Supportive Measures:

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Interim Measures:

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Informal Resolution (if applicable)

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Formal Resolution (Investigation and/or Hearing):

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Not Sure:

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Other:

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You may attach photos, video, email, screenshots and other supporting documents (5GB maximum total size).

Choose files to upload.

**Submission**

Email a copy of this form [including all attachments] to [swcertix@swccd.edu](mailto:swcertix@swccd.edu)