



HARASSMENT, HAZING, SEXUAL ASSAULT INTAKE FORM

Equal Employment Opportunity and Affirmative Action Office

1. Date of incident:
2. Time of incident:
3. Location of incident:
4. On or off campus:
5. Type of incident:
 - a. Verbal harassment/assault _____
 - b. Threat of physical assault _____
 - c. Physical assault _____
 - d. Internet/email message _____
 - e. Damage to property _____
 - f. Threat of outing _____
 - g. Written slur or graffiti _____
 - h. Phone harassment _____
 - i. Text message harassment _____
 - j. Stalking _____
 - k. Sexual assault _____
 - l. Sexual misconduct _____
 - m. Other, please specify _____
6. Description of incident (attach more pages if necessary)
7. Was the incident reported to the police?
8. Why or why not?
9. Number of offenders (if known):
10. Description of offenders:

11. Relationship of offender(s) to victim

- a. Stranger _____
- b. Acquaintance _____
- c. Friend _____
- d. Relative _____
- e. Roommate _____
- f. Classmate _____
- g. Co-worker _____
- h. Instructor/Professor _____
- i. Supervisor _____
- j. Unknown _____
- k. Other, please specify _____

Reporter Information

Thank you for providing this information. Although you may report anonymously, we encourage you to provide your name and contact information so we can provide you with information about additional resources and processes available to you. We will follow up to the extent possible with the information you have provided and any more you choose to provide in the future. Our ability to take remedial action may be limited should you choose to report anonymously.

12. Your name:

13. Your contact information

Please submit this form to the following office:

Title IX/Equal Employment Opportunity /Affirmative Action Coordinator
Montana Tech
MG 305
Butte, Montana 59701
406-496-4316
FAX: 406-496-4387
mpeterson@mtech.edu