

# Formal Sexual Misconduct Reporting Form

## Dakota College at Bottineau

### 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.) \_\_\_\_\_

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

