SEX AND GENDER-BASED DISCRIMINATION, VIOLENCE, AND HARASSMENT

NOTICE REPORT FORM

All employees, with the exception of confidential employees, are designated as responsible employees for purposes of compliance with Title IX. Individuals designated as responsible reporters by El Paso Community College must complete this form upon receiving notice of an alleged violation of DIAA (LOCAL) and DIAA (LEGAL) and submit it to Employee Relations upon completion. Questions regarding this form should be directed to Audry Ortegon, Executive Director Employees Relations and Compliance/Title IX Coordinator at (915) 831-6373 or aortego3@epcc.edu.

**REPORTER INFORMATION**

<table>
<thead>
<tr>
<th>Name: ________________________________</th>
<th>Title/Role: ________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Student ☐ Faculty (FT) ☐ Faculty (PT) ☐ Staff ☐ Other______________________</td>
<td></td>
</tr>
<tr>
<td>Phone Number: ___________________________</td>
<td>E-mail: ________________________________</td>
</tr>
</tbody>
</table>

**REPORT INFORMATION**

<table>
<thead>
<tr>
<th>Report Date: ___________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Received: ☐ In Person ☐ E-mail ☐ Phone Call ☐ Postal Mail ☐ Social Media ☐ Other______________________</td>
</tr>
<tr>
<td>Reporter: ________________________________</td>
</tr>
<tr>
<td>Phone Number: ___________________________</td>
</tr>
<tr>
<td>Relationship to Incident(s): ☐ Complainant ☐ Respondent ☐ Witness ☐ Other______________________</td>
</tr>
<tr>
<td>Affiliation: ☐ Student ☐ Faculty ☐ Staff ☐ Alumni ☐ Guest ☐ Other______________________</td>
</tr>
</tbody>
</table>

**INCIDENT INFORMATION**

<table>
<thead>
<tr>
<th>Incident Date(s): ___________________________</th>
<th>Incident Time(s): ___________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incident Location(s):</td>
<td>Specific Location(s): ___________________________</td>
</tr>
<tr>
<td>☐ Campus Building ☐ Campus Outdoors ☐ Off Campus ☐ College Sponsored Event ☐ Other______________________</td>
<td>Clery Reportable: ☐ Yes ☐ No ☐ Unsure</td>
</tr>
<tr>
<td>Incident Type(s):</td>
<td>Protected Characteristic(s) Basis for Report:</td>
</tr>
<tr>
<td>☐ Discrimination ☐ Harassment ☐ Violence ☐ Stalking ☐ Retaliation</td>
<td>☐ Sex/Gender ☐ Gender Identity ☐ Gender Expression ☐ Sexual/Affectional Orientation ☐ Pregnancy/Parenting Status</td>
</tr>
</tbody>
</table>
Has this information been reported to law enforcement?  ❑ Yes  ❑ No  ❑ Unsure
Has this information been reported to a federal or state agency?  ❑ Yes  ❑ No  ❑ Unsure

Agency: ____________________________________________
Date Reported: _______________________________
Case No.: ____________________________________________
Agency: ____________________________________________
Date Reported: _______________________________
Case No.: ____________________________________________

INVOLVED PARTIES

Respondent: ____________________________________________  [Recipient ID]: _______________________________
Affiliation:  ❑ Student  ❑ Faculty  ❑ Staff  ❑ Alumni  ❑ Guest  ❑ Other _______________________________
Phone Number: _______________________________
E-mail: ____________________________________________

Complainant: ________________________________  [Recipient ID]: _______________________________
Affiliation:  ❑ Student  ❑ Faculty  ❑ Staff  ❑ Alumni  ❑ Guest  ❑ Other _______________________________
Phone Number: _______________________________
E-mail: ____________________________________________

INCIDENT DESCRIPTION


RESPONSE

I have offered assistance with arranging:
❑ medical care
❑ mental health services
❑ reporting to law enforcement
❑ victim advocate services

I have submitted:
❑ Clery Report (if applicable)
❑ [Agency] Report (if Complainant is a minor)
❑ Police Report (if required by law)

❑ I have notified the reporter that this information is being submitted to the Title IX Coordinator
❑ I have provided the reporter with the institution’s VAWA brochure

Requested Response:  ❑ No Action  ❑ Supportive Measures Only  ❑ Meet with Title IX Coordinator
❑ Other ________________________________

Employee Relations Office
9050 Viscount
El Paso, TX 79925
(915) 831-6631