

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 Malena Field, Interim AVP, Human Resource Management & Compliance and Title IX Coordinator at (915) 831-6458 or mfield5@epcc.edu.

REPORTER INFORMATION	
Normal	Title (Delle
Name:	Title/Role:
□ Student □ Faculty (FT) □ Faculty (PT) □ Staff □ Other	
Phone Number:	E-mail:
REPORT INFORMATION	
Report Date:	
Received: ☐ In Person ☐ E-mail ☐ Phone Call ☐	Postal Mail
Received: a in Person a E-mail a Phone Call	Postal Iviali
Reporter:	[Recipient ID]:
21 21 1	- "
Phone Number:	E-mail:
Relationship to Incident(s): ☐ Complainant ☐ Respondent ☐ Witness ☐ Other	
Affiliation: ☐ Student ☐ Faculty ☐ Staff ☐ Alur	nni 🖵 Guest 🖵 Other
INCIDENT INFORMATION	
Incident Date(s):	Incident Time(s):
Incident Location(s):	Specific Location(s):
☐ Campus Building	Specific Location(s).
☐ Campus Outdoors	
☐ Off Campus	Clery Reportable: ☐ Yes ☐ No ☐ Unsure
☐ College Sponsored Event	
☐ Other	
Incident Type(s):	Protected Characteristic(s) Basis for Report:
☐ Discrimination	☐ Sex/Gender
☐ Harassment	☐ Gender Identity
□ Violence	Gender Expression
☐ Stalking	☐ Sexual/Affectional Orientation
☐ Retaliation	☐ Pregnancy/Parenting Status

☐ Other	
Has this information been reported to law	Has this information been reported to a federal or
enforcement? ☐ Yes ☐ No ☐ Unsure	state agency? Yes No Unsure
Agency:	Agency:
Data Bassa da d	B. J. B J. J
Date Reported:	Date Reported:
Casa No :	Case No.:
case No	Case No
INVOLVED PARTIES	
Respondent:	[Recipient ID]:
Affiliation: □ Student □ Faculty □ Staff □ Alui	mni 🗖 Guest 🗖 Other
,	
Phone Number:	E-mail:
Complainant:	[Recipient ID]:
Affiliation: □ Student □ Faculty □ Staff □ Alui	mni 🗖 Guest 🗖 Other
Phone Number:	E-mail:
INCIDENT DESCRIPTION	
INCIDENT DESCRIPTION	
RESPONSE	
I have offered assistance with arranging:	I have submitted:
☐ medical care	☐ Clery Report (if applicable)
☐ mental health services	☐ [Agency] Report (if Complainant is a minor)
reporting to law enforcement	☐ Police Report (if required by law)
□ victim advocate services	= 1 once report (in required by law)
= 1.5tim dayoodte services	
☐ I have notified the reporter that this information is ☐ I have provided the reporter with the institution's	
being submitted to the Title IX Coordinator	VAWA brochure
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Requested Response: □ No Action □ Supportive Measures Only □ Meet with Title IX Coordinator □ Other	