

**Housatonic Community College**  
**Sexual Assault, Stalking, or Intimate Partner Violence Disclosure**

**Date:** \_\_\_\_\_

**To:** Title IX Coordinator Mrs. Theresa Eisenbach

**From:** Faculty Member \_\_\_\_\_ Department \_\_\_\_\_  
Staff Member \_\_\_\_\_ Department \_\_\_\_\_

**Subject:** Sexual Assault, Stalking and or Intimate Partner Violence incidences  
(Definitions are found in the College Catalog and Student Handbook, pages 25, 131-132)

**Name** of Student or Employee \_\_\_\_\_ DOB or ID# \_\_\_\_\_  
(Identity will not be disclosed except in very limited circumstances)

**Expectation of Student/Employee:**

\_\_\_\_\_ **Disclosure only:** Share information without a request for investigation and resolution  
*School's Victim Centered Response must include resource materials, including contact information of a trained victim advocate*

\_\_\_\_\_ **Resource materials provided to the Student/Employee**

\_\_\_\_\_ **Filing a Report:** Investigation and action by College requested and must be completed within 60 days.

**Date of Report/Disclosure** \_\_\_\_\_

**General category of report/disclosure:**

- \_\_\_\_\_ Sexual Harassment
- \_\_\_\_\_ Sexual Assault
- \_\_\_\_\_ Stalking
- \_\_\_\_\_ Intimate Partner Violence
- \_\_\_\_\_ Domestic Violence
- \_\_\_\_\_ Dating Violence

Include signed written statement of the sexual violence.

I \_\_\_\_\_ consent to the disclosure of this report/complaint of sexual violence and its contents to the person named as the offender and to others as necessary to investigate and resolve this report/complaint.

Signature \_\_\_\_\_ Date \_\_\_\_\_