

## Sexual and Gender-Based Harassment and Other Forms of Interpersonal Violence (Title IX & Non-Title IX)

This form must be completed and returned to the Title IX Coordinator within 24 hours of receiving information from a complainant.

Name of Respondent:	
Incident occurrence:	Category:  misconduct  harassment discrimination  Date/ and Time:am/pm  Location
Information reported I	y the complainant:
,	
Responsible Employee	/Person submitting this notification:
This information w	as reported to me on: Date/ and Time: am/pm.
Report submission	date:/
Name	Signature

Submit this completed form in a sealed envelope within 24 hours of receiving information from a complainant to:

**Tabitha Smith** 

Title IX Coordinator / AVC for Diversity, Equity & Inclusion

Office for Diversity, Equity & Inclusion 276-328-0131 business hours | 276-870-5065 after hours EMAIL: tabitha.smith@uvawise.edu