

# Sexual Assault, Sexual Harassment, Domestic/Dating Violence & Stalking Reporting Form

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Marshalltown Community College  
3700 South Center St., Marshalltown, IA 50158

Ellsworth Community College  
1100 College Ave., Iowa Falls, IA 50126

Iowa Valley Continuing Education  
3700 South Center St., Marshalltown, IA 50158

Iowa Valley Community College District  
3700 South Center St., Marshalltown, IA 50158

**Nate Chua**  
*Dean of Students*  
Marshalltown Title IX Coordinator

**Tracy Crippin**  
*Director of Student Success*  
Ellsworth Title IX Coordinator

**Jennifer Rice**  
*Pathway Navigator*  
IVCE Title IX Coordinator

**Gena Garber\***  
*Director of Human Resources*  
District Title IX Coordinator  
*\* IVCCD Employees only*

Date \_\_\_\_\_

Incident reported by \_\_\_\_\_

IVCCD employee helping with report \_\_\_\_\_

Reporter phone number \_\_\_\_\_

Reporter is Complainant:  Yes  No      Reporter is Third Party  Yes  No

Reporter Relationship to Complainant \_\_\_\_\_

Classification of incident (definitions)

- |                                                           |                                                        |                                            |
|-----------------------------------------------------------|--------------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Sexual Assault without an object | <input type="checkbox"/> Sexual Assault with an object | <input type="checkbox"/> Forcible Fondling |
| <input type="checkbox"/> Sexual Harassment                | <input type="checkbox"/> Sexual Exploitation           | <input type="checkbox"/> Stalking          |
| <input type="checkbox"/> Dating Violence                  | <input type="checkbox"/> Domestic Violence             | <input type="checkbox"/> Other _____       |

Date of incident \_\_\_\_\_

Location of incident (building name, address or intersection; please be as specific as possible)

\_\_\_\_\_

\_\_\_\_\_

Check the appropriate answer to the following questions

Did the incident occur in a building, on the street, or on the sidewalk?

- Building       Street       Sidewalk  
 Other \_\_\_\_\_

Did the incident occur on College-owned, controlled, or leased property?

- Yes       No       Unknown

Did the incident occur at a College-sponsored activity or event?

- Yes       No       Unknown