

# CAAN ACADEMY OF NURSING

## Sexual Misconduct Report

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CAAN Academy is committed to ensuring a safe, respectful, discrimination and harassment free environment. Though CAAN recognizes that taking action to make a report and choosing how to proceed can be difficult following an incident of sexual misconduct, individual victims of such misconduct are strongly encouraged to pursue the use of any and all medical, local law enforcement and campus reporting resources available. Campus and community resource professionals can provide important information about available resources and procedural options, as well as necessary assistance, regardless of when or where the incident occurred.

### Background Information

Date of Incident: \_\_\_\_\_

Reporting Person Name: \_\_\_\_\_ Reporting Person Position/Title: \_\_\_\_\_

Reporting Person Phone #: \_\_\_\_\_ Reporting Person Email: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Nature of this report: (Select all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Harassment     | <input type="checkbox"/> Domestic Violence |
| <input type="checkbox"/> Stalking       | <input type="checkbox"/> Dating Violence   |
| <input type="checkbox"/> Discrimination | <input type="checkbox"/> OTHER: _____      |

Time of incident: \_\_\_\_\_ Location: \_\_\_\_\_

### Involved Parties

Student: \_\_\_\_\_

Faculty: \_\_\_\_\_

Staff: \_\_\_\_\_

Gender: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

Please provide a description of the incident (may use additional paper)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Supporting Documents:

Please attach if any; Photos, video, email and other supporting documents.

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Administrative Office use:

Received By:

Name (print) \_\_\_\_\_ Date: \_\_\_\_\_

Signature (PD/VP/CAO) \_\_\_\_\_ Date: \_\_\_\_\_