

MCHP Anonymous Violation/Incident Reporting Form

Do NOT use this form to report any incident presenting an immediate threat or one which requires immediate action. If this is an emergent situation please call 9-1-1 or contact Campus Security (207-795-2299). Once completed please place this document in the Title IX Coordinator's mailbox in the mailroom (Dr. Alexander Clifford), or you may mail the form to MCHP ATTN: Dr. Clifford, 70 Middle St. Lewiston, Maine 04240. If you choose to not remain anonymous you may deliver this to the Title IX Coordinator, Dr. Alexander Clifford or any other faculty/staff with whom you feel comfortable.

Please place a check (v) in the box next to the type of report you are submitting:

Type of Report	Description
<input type="checkbox"/> Safety	Any issue to do with safety on campus (i.e. weapons)
<input type="checkbox"/> Harassment	Any physical, psychological, or emotional abuse of another
<input type="checkbox"/> Sexual Misconduct	Any sexual violence or unwelcome sexual advances (physical or verbal), sexual harassment, stalking
<input type="checkbox"/> Student Misconduct	Any violation of the college's Student Code of Conduct
<input type="checkbox"/> Concerning Behavior	Persons exhibiting unsafe, disruptive, struggling, threatening violent or withdrawn behavior
<input type="checkbox"/> Drugs / Alcohol	Any inappropriate use of drugs or alcohol
<input type="checkbox"/> Discrimination/ Bias/ Hate	Unjust or prejudicial treatment, especially on the grounds of race, gender, sex, sexual orientation, or age. Hate crimes.
<input type="checkbox"/> Theft	Theft of personal or college property including embezzlement
<input type="checkbox"/> Property Damage	Vandalism. Any willful or negligent damage or destruction of property
<input type="checkbox"/> Academic Integrity	Any violation of the college's policy on Academic Integrity
<input type="checkbox"/> Employment issues (employees only)	Improper requests by superior or person in authority, time or attendance abuse, non-compliance with regulations
<input type="checkbox"/> Other	Any other issue not included in the above list

Please provide the following information: (*** REQUIRED INFORMATION**)

*** Please check this box if you wish to remain anonymous**

If you do NOT wish to remain anonymous, please complete the following information:

Your name (First and Last) _____

Your email address _____

Your phone number _____

Best time to reach you by phone

Circle day(s) of the week: M T W TH F Time: AM or PM?

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*** Your Relationship to this College**

Circle One:

Student

Employee – non faculty (Staff employed at the college)

Employee – non faculty (employee of Central Maine Healthcare but not of MCHP)

Employee – faculty

Volunteer

Vendor

Visitor/Other

***Please identify the person(s) about whom you are reporting (both victim and/or perpetrator if known)**

First Name	Last Name	Title
_____	_____	_____ (circle: victim or perpetrator)
_____	_____	_____ (circle: victim or perpetrator)
_____	_____	_____ (circle: victim or perpetrator)

Do you suspect or know that a supervisor or someone in management is involved? Circle one:

Yes No Do not know/Do not wish to disclose

If you answered 'Yes', please provide as much of the following information as you can:

Full Name _____ Title _____

Is management aware of the incident for which you are reporting? Yes No Do not know/do not wish to disclose

What is the general nature of this matter? Please just give a general description. You will be asked for specifics later in this report.

Please provide the specific date and time this incident occurred: _____ AM/PM

If you do not know, please provide information that is as specific as possible as to when this occurred (i.e., a month ago, 2 weeks ago etc...)

***Please provide the location where incident occurred:**

Building / Department / Floor (if applicable) _____

Street address _____

City _____

State _____ Country _____

How long do you think this problem has been going on? Please circle one:

One time

One week

Less than 1 month

1 – 3 months

3 months – 1 year

More than 1 year

Do not know

***How did you become aware of this? Please circle one:**

It happened to me

I observed it

I heard it

Told to me by another student

Told to me by an employee of the college

Told to me by an employee of Central Maine Healthcare, but not an employee of MCHP

Told to me someone who is not employed by Central Maine Healthcare

I found a document or file

Other If 'Other', how? _____

Please identify any persons who have attempted to conceal this problem and the steps they took to conceal it (i.e., ignored it, changed documents, said they would look into it, said it was not a problem):

Name	Title	What they did to conceal the problem?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you have any document or file that supports this report, please attach the original or a copy of the original to this report.

*** Please provide below, all details regarding the alleged violation, including the locations of any witnesses and any other information that could be useful in the evaluation, investigation, and resolution of this situation. Take your time and provide as much detail as possible but be careful to not provide details that may reveal your identity unless you wish to do so. Use the back side of this sheet if you need more space.**