



**REPORT/COMPLAINT OF SEX DISCRIMINATION**

(INCLUDING SEXUAL MISCONDUCT, SEXUAL VIOLENCE AND SEXUAL HARASSMENT)

DeSales University encourages all individuals to report any instance of sex discrimination involving any DSU student, staff or faculty. DeSales is committed to fostering a safe community for all. Please use this form to make a report of sex discrimination.

*The University has a responsibility to investigate reports of sex discrimination. At the discretion of the University, an accused party may be contacted and University judicial procedures could occur. Support and resources will be provided to all individuals named in this incident.*

Name (Full Name of person reporting): \_\_\_\_\_

You can choose to remain anonymous in this report.  I wish to remain anonymous

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address  On Campus  Off Campus

Building (including room) or Address: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Approximate Time of Incident: \_\_\_\_\_

Location of Incident:  On Campus  Off Campus

Building or Address: \_\_\_\_\_

I am a:  Complainant  Witness  3<sup>rd</sup> Party  Anonymous

Your Relationship to DSU

Student  Faculty/Staff  Visitor  Other (please specify): \_\_\_\_\_

**Involved Parties:** Please list identity of any individuals involved in this complaint (excluding yourself):

Name: \_\_\_\_\_  Unknown Gender: \_\_\_\_\_ Age: \_\_\_\_\_

If known, please provide contact information for the individual named above:

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address  On Campus  Off Campus

Building (including room) or Address: \_\_\_\_\_

*If none of the above are known, please provide information that may lead to the person's identification, such as description, connection to DSU, those with whom the person associates. If there are multiple parties to be named, please provide additional information on the reverse*



Brief Description of the Incident that Leads to this Report/Complaint: *(Please use specific, concise, objective language: who, what, when, where, why and how)*

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Has the person to whom you are now making this report provided you with the DSU Title IX policy, *Keeping Our Campus Safe*? Yes \_\_\_\_\_. No \_\_\_\_\_. If not, please visit [www.desales.edu/titleix](http://www.desales.edu/titleix)

Signature (Person Reporting): \_\_\_\_\_ Date: \_\_\_\_\_

Please send this report to either of DeSales University’s Title IX professionals:

Title IX Coordinator

Andy Auguste  
Director of Residence Life  
Dorothy Day Student Union, rm. 124  
610.282.1100 ext. 1411  
[Andy.Auguste@desales.edu](mailto:Andy.Auguste@desales.edu)

Deputy Title IX Coordinator

Gracia Perilli  
Associate Director of Athletics / SWA  
Billera Hall, rm. 101A  
610.282.1100 ext. 1218  
[Gracia.Perilli@desales.edu](mailto:Gracia.Perilli@desales.edu)