



**FORMAL TITLE IX REPORT FORM**

**Clatsop Community College - 1671 Lexington Avenue  
Astoria, Oregon 97103 (503) 338-2371**

Today's date: \_\_\_\_\_ Your name\*: \_\_\_\_\_ Date of Occurrence: \_\_\_\_\_

Please indicate if you are:  Student  Employee  Other: (specify) \_\_\_\_\_

Contact information: Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

---

*\*The privacy of all parties to a report of sexual misconduct must be respected, except insofar as it interferes with the College's obligation to fully investigate allegations of sexual misconduct. Where privacy is not strictly kept, it will still be tightly controlled on a need-to-know basis. Dissemination of information and/or written materials to persons not involved in the reporting procedure is not permitted.*

If you wish to make a report to a Confidential College Employee, please contact Anne Mabee, Counselor at [counseling@clatsopcc.edu](mailto:counseling@clatsopcc.edu) or call 503-338-2409

**Or you may continue completing this written report – please use additional sheets of paper if needed**

1. Explain in detail the events that led to your report. What happened? Where did it happen? Who was involved? When did it happen? List specific dates and location if possible. Use additional sheets of paper if needed.
  
2. Did anyone else witness this incident(s)? If so, please include their names, addresses, and phone numbers (if known).
  
3. What action and/or assistance are you requesting?

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this form (and attachments) via:**

**Mail:** Title IX Coordinator, Leslie Hall c/o Clatsop Community College Human Resources, 1651 Lexington Avenue, Astoria OR 97103,

**On Campus Delivery:** Human Resources Office, Towler Hall, Room 110

**Email:** [lhall@clatsopcc.edu](mailto:lhall@clatsopcc.edu)

**Phone:** 503-338-2450