



NOTRE DAME
OF MARYLAND
UNIVERSITY

Sexual Misconduct Reporting Form

Reporting Party's Name:

Reporting Party's Email:

Reporting Party's Best Contact Phone Number:

Date(s) of the Alleged Violation:

Location(s) of the Alleged Violation:

Summary of Complaint (Use additional sheets as necessary):

Requested Action

Formal Review:

Informal Mediation:

Other/Unsure:

Submitting Party's (e)Signature:

Date:

Summary of Report Continuation Sheet

Reporting Party's Name:

Date:

Responding Party's Name (If Known):

Witness Name(s) (If Applicable):

To submit the form: Forms should be delivered in a sealed envelope marked “**Confidential**” to the Title IX Coordinator or sent via email to TitleIX@ndm.edu.