



RVU SEXUAL VIOLENCE REQUEST FOR INVESTIGATION

As defined in the RVU Sexual Misconduct Policy and Investigation Procedures, **Sexual Violence** constitutes a form of prohibited sexual discrimination and is defined as physical sexual acts perpetrated against a person's will or where a person is incapable of giving consent (e.g., due to the person's age or use of drugs or alcohol, or because an intellectual or other disability prevents the student from having the capacity to give consent). A number of different acts fall into the category of sexual violence, including rape, sexual assault, sexual battery, and sexual coercion.

To be Filed with:

- RVU Title IX Coordinator, Ms. Laura Dement, 720-874-2481, ldement@rvu.edu, President's Suite, Room PR-104.

If the Title IX Coordinator is not available, or there is a potential conflict of interest with the Title IX Coordinator:

- Deputy Title IX Coordinators for Students, Amy Schlueter, aschlueter@rvu.edu (CO campus) or Dr. David Roos, droos@rvu.edu (UT campus)
- Deputy Title IX Coordinator for Employees, Jerry Armstrong, jarmstrong@rvu.edu

Name*:		Address:		Primary Telephone #:	
Relationship to RVU:	<input type="checkbox"/> Student	<input type="checkbox"/> Employee	<input type="checkbox"/> Other: _____		
Email:				Alternative Telephone #:	
<input type="checkbox"/> I request this report and my identity to remain confidential. I understand that the confidentiality of all participants will be maintained to the fullest extent possible, but University must weigh this request against its obligation to provide a safe, non-discriminatory environment for all of its students and employees, and will evaluate my request in accordance with the University's Sexual Misconduct Policy and Investigation Procedures.					
*Please note that if you fail to provide identifying information about yourself, the University's investigation and response will be impeded.					
Date(s) of Alleged Sexual Violence Action(s)					
Describe the sexual violence incident(s) that allegedly occurred (include name and other identifying information about the person(s) you believe committed the act of sexual violence).					

	Additional Information Attached
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Complainant's Signature		Date	
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Title IX Coordinator Signature		Date Received	
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