



## REPORT AN INCIDENT

Please complete as much information as possible. For more information about confidentiality and how this report will be processed, please read the Sexual Harassment and Misconduct Policy.

### Your Information

Your Full Name: Your

Email Address: Your

Phone Number: Your

Current Address:

What type of report is this?: \*

Date and Approximate Time of Incident: \*

Location of Incident: \*

Specific Location:

### Involved Parties

Name of Individual	Building/Address (if known)
====[Select Gender]====	<input type="text" value=""/> [Select Role]

[Add Another Person](#)

### Incident Information

\* Please type a description of the incident, being as thorough as possible.



\* Please know that, depending on the nature of an alleged incident, CSHL may be required to take action based on information contained in a report. Declining to consent to an investigation shall be honored unless the Laboratory determines in good faith that failure to investigate will not pose a potential risk of harm to the reporting individual or other members of the Laboratory community. In the course of an investigation, information will be shared as necessary with people who need to know, such as investigators, witnesses, and the respondent. Any response by CSHL may be hindered by the complainant's request for anonymity and/or inaction.

What type of resolution/next steps are you seeking by submitting this report?

- I just want CSHL to be aware of this. I do not want this matter to be investigated.
- I want CSHL to consider investigating this incident.
- I am interested in pursuing this through the Student Conduct Process, if appropriate.
- I'm not sure. I just wanted to file a report at this time.

\* Please know that, depending on the nature of an alleged incident, a student who files a report may or may not be able to fully participate in a process or become aware of a resolution. With this in mind, to what level of involvement are you seeking in an investigation or resolution?

- I will participate to whatever extent is necessary to address this matter.
- I wish to be included as much as possible in the investigation and/or resolution.

- I do not wish to be involved. I just wanted to submit a report to make CSHL aware.
- I'm not sure at this time if I want to participate in any process.

**Supporting Documentation (optional)**

Photos, video, email, and other supporting documents may be attached below. Maximum 12 megabytes per file. Attachments require time to upload, so please be patient after you click to submit this report. If you wish to submit additional documentation, please do so here.

 

\* indicates a required field